



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

04/15/2008

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYD980592562

INSTALLATION NAME: REVIEW AVENUE DEVELOPMENT II

INSTALLATION ADDRESS : 37-80 REVIEW AVE
LONG ISLAND CITY, NY 11101

MAILING ADDRESS : 380 LEXINGTON AVE ROOM 2020
NEW YORK, NY 10168

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437

TO: REVIEW AVENUE DEVELOPMENT II
or Current Occupant
ATTN: DAVID KUSHNER
380 LEXINGTON AVE ROOM 2020
NEW YORK, NY, 10168

SEND COMPLETED**FORM TO:**The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM**1. Reason for
Submittal
(See instructions
on page 9)**MARK ALL BOX(ES)
THAT APPLY**Reason for Submittal:**

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report

**2. Site EPA ID
Number (page 10)****EPA ID Number**

N Y D 9 8 0 5 9 2 5 6 2

**3. Site Name
(page 10)**

Name: Review Avenue Development II

**4. Site Location
Information
(page 10)**

Street Address: 37-80 Review Avenue

City, Town, or Village: Long Island City

State: NY

County Name: Queens

Zip Code: 11101

**5. Site Land Type
(page 10)**Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American
Industry
Classification
System (NAICS)
Code(s) for the Site
(page 10)**

A.

562910

B.

C.

D.

**7. Site Mailing
Address
(page 11)**

Street or P. O. Box: 380 Lexington Avenue, Room 2020

City, Town, or Village: New York

State: NY

Country: United States

Zip Code: 10168

**8. Site Contact
Person
(page 11)**

First Name: David

MI: M.

Last Name: Kushner

Phone Number: (212) 661-0858

Extension:

E-mail address: kush@paradigmcf.com

**9. Operator and
Legal Owner
of the Site
(pages 11 and 12)**

A. Name of Site's Operator: Quanta Resources Corp*

Date Became Operator (mm/dd/yyyy):
08/01/1980Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ OtherB. Name of Site's Legal Owner:
37-80 Review, LLCDate Became Owner (mm/dd/yyyy):
06/28/2005Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

* Last Known Operator

| | | |
|---|--|------------------------|
| 9. Legal Owner (Continued) Address | Street or P. O. Box: 380 Lexington Avenue, Ste 2020 | |
| | City, Town, or Village: New York | |
| | State: NY | |
| | Country: United States | Zip Code: 10168 |

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator**Y ☐ N ☒ 2. Transporter of Hazardous Waste****Y ☐ N ☒ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note:
A hazardous waste permit is required for this activity.**Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)****Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace Exemption**Y ☐ N ☒ 6. Underground Injection Control****B. Universal Waste Activities****Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:**Generate Accumulate

| | | |
|--------------------------|--------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Thermostats | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter

If "Yes", mark each that applies.

☐ a. Transporter
☐ b. Transfer Facility**Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner**

If "Yes", mark each that applies.

☐ a. Processor
☐ b. Re-refiner**Y ☐ N ☒ 3. Off-Specification Used Oil Burner****Y ☐ N ☒ 4. Used Oil Fuel Marketer**

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

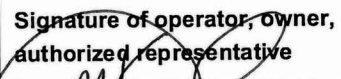
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

| | | | | | | |
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| | | | | | | |

[illegible]

(See instructions on page 17.)

| | | |
|---|---|--------------------------|
| Signature of operator, owner, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|  | David Kushner Managing Member | 02/25/2008 |
| | | |
| | | |
| | | |

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: September 8, 2009 - 11:32 AM

Version 4.0

User Selection Criteria

| | | | |
|-------------------------------|---------------------------------------|---------------------------|-------------|
| Location: | New York, all activities | Activity Location: | None Chosen |
| Handler ID: | NYD980592562 | Group of IDs: | None Chosen |
| Handler Name: | | | |
| Handler Universe: | All Facilities Regardless of Universe | | |
| Determined Date Range: | From: 10/01/1980 To: 09/08/2009 | | |
| Location County Code: | | Evaluation Type: | |
| Location City: | | Focus Area: | |
| Location Zip Code: | | Violation Type: | |
| State District: | | | |
| Sort Order: | Region, State, Handler Name | | |
| Display Code Descrip.: | Yes | | |

Results

Data meeting the criteria you selected follows.

Total Pages:4 Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

| | |
|----------------------|--|
| Name: | CMEFOIA.RDF |
| Developed by: | EPA Headquarters, Office of Enforcement and Compliance Assurance |
| Deployed: | June 2006 |
| Last Updated: | April 2008 |
| Contact: | rcrainfo.help@epa.gov |
| Tables Used: | cmecomp3, ccitation3, hreport_univ4, lu_citation, lu_state, hid_groups |
| Libraries: | none |

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: September 8, 2009 - 11:32 AM

Page 2

REVIEW AVENUE DEVELOPMENT II

County Name / Code: QUEENS / NY081

NYD980592562

REGION 02

Location: 37-80 REVIEW AVE; LONG ISLAND CITY, NY 11101

Mailing: 380 LEXINGTON AVE ROOM 2020; NEW YORK, NY 10168

| | | | | | |
|------------------------|---------------------------|---------------------------|-------------------------|-------------------------------|----------------|
| Activity Location: NY | State District: NYSDEC R2 | Accessibility: | Non-Notifier: | Extract Flag: Y | Active Site: Y |
| Generator: SQG | Transporter: N | Operating TSDF: ---- | IC In Place: N | EI Indicator (HE / GW): N / N | |
| Full Enforcement: ---- | Converter: ---- | State Unaddressed SNC: N | EPA Unaddressed SNC: N | | |
| CA Wrkld: N | State TSDF: ---- | State Addressed SNC: N | EPA Addressed SNC: N | | |
| Active State Gen: N | | State SNC w/Comp Sched: N | EPA SNC w/Comp Sched: N | | |

Evaluations With No Violations:

| | | | | | | | |
|-----------------------|------------|---------------------------|--------------|--------------------|---------------|---------|---------------------|
| CEI Evaluation | 04/20/1987 | Activity Location: NY | By: State | Identifier: 001 | Person: NYDEC | Branch: | Found Violation: NO |
| Citizen Complaint: NO | | Multimedia Inspection: NO | Sampling: NO | Not Subtitle C: NO | Day Zero: | | Focus Area: |

Total Number of Handlers: 1

Total Number of Activity Locations: 1

* End of Report *

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: September 8, 2009 - 11:32 AM

Page 3

Description of codes used on the report:

| Universes | Description of Universes |
|----------------------------------|---|
| Generator | Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N). |
| Transporter | Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe). |
| Operating TSDF | Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment) |
| IC in Place | Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe). |
| EI Indicator (HE / GW) | Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) |
| Full Enforcement | Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment) |
| CA Workload | Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe). |
| Active State Gen | Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe). |
| Converter | Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment) |
| State TSDF | Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment) |
| State Unaddressed SNC | Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe). |
| State Addressed SNC | Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe). |
| State SNC w/ Compl. Sched | Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe). |
| EPA Unaddressed SNC | Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe). |
| EPA Addressed SNC | Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe). |
| EPA SNC w/ Compl. Sched | Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe). |

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: September 8, 2009 - 11:32 AM

Page 4

Description of codes used on the report:

| ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator): | |
|--|---|
| Code | Description |
| B | indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process. |
| C | indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent. |
| F | indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution. |
| L | indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible. |

| NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority: | |
|---|--|
| Code | Description |
| E | indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify. |
| O | indicates that the handler is a former non-notifier. |
| X | indicates that the handler is a non-notifier. |

| Evaluation Type | Type Description |
|-----------------|--|
| CEI | COMPLIANCE EVALUATION INSPECTION ON-SITE |

* Note: Penalty amount may not reflect all violations cited.



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

01/12/2007

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

| | |
|-------------------------------|--|
| EPA I.D. NUMBER: | NYD980592562 |
| INSTALLATION NAME: | REVIEW AVENUE DEVELOPMENT II |
| INSTALLATION ADDRESS : | 37-80 REVIEW AVE LONG ISLAND CITY, NY 11101 |
| MAILING ADDRESS : | 24 COMMERCE ST SUITE 430 NEWARK, NJ 07102 |

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: REVIEW AVENUE DEVELOPMENT II
or Current Occupant
ATTN: ROBERT STETKAR
24 COMMERCE ST SUITE 430
NEWARK, NJ 07102**

**SEND COMPLETED
FORM TO:**The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM**1. Reason for
Submittal
(See instructions
on page 13.)**MARK ALL BOX(ES)
THAT APPLY**Reason for Submittal:**To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste,
universal waste, or used oil activities)☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)

As a component of a First RCRA Hazardous Waste Part A Permit Application

As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)

As a component of the Hazardous Waste Report

**2. Site EPA ID
Number (page 14)****EPA ID Number**

I N I Y I D I 9 I 8 I 0 I 5 I 9 I 2 I 5 I 6 I 2 I

**3. Site Name
(page 14)****Name:** Review Avenue Development II**4. Site Location
Information
(page 14)****Street Address:** 37-80 Review Avenue**City, Town, or Village:** Long Island City**State:** NY**County Name:** Queens**Zip Code:** 11101**5. Site Land Type
(page 14)****Site Land Type:** ☒ Private County District Federal Indian Municipal State Other**6. North American
Industry
Classification
System (NAICS)
Code(s) for the
Site (page 14)****A.**

I 5 I 6 I 2 I 9 I 1 I 0 I

B.

I I I I I I I I

C.

I I I I I I I I

D.

I I I I I I I I

**7. Site Mailing
Address
(page 15)****Street or P. O. Box:** 24 Commerce Street, Suite 430**City, Town, or Village:** Newark**State:** NJ**Country:** United States**Zip Code:** 07102**8. Site Contact
Person
(page 15)****First Name:** Robert**MI:** E**Last Name:** Stetkar**Phone Number:** 973-621-0777**Extension:****Email address:** rstetkar@golder.com**9. Operator and
Legal Owner
of the Site
(pages 15 and 16)****A. Name of Site's Operator:** Quanta Resources Corp.
(last known operator)**Date Became Operator (mm/dd/yyyy):** 08/01/1980**Operator Type:** ☒ Private County District Federal Indian Municipal State Other**B. Name of Site's Legal Owner:** 37-80 Review, LLC**Date Became Owner (mm/dd/yyyy):** 6/28/2005**Owner Type:** ☒ Private County District Federal Indian Municipal State Other

| | | |
|---|--|------------------------|
| 9. Legal Owner (Continued) Address | Street or P. O. Box: 380 Lexington Avenue, Suite 2020 City, Town, or Village: New York State: NY Country: United States | Zip Code: 10168 |
|---|--|------------------------|

10. Type of Regulated Waste Activity
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste
 If "Yes", choose only one of the following - a, b, or c.

☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous Waste

Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒ 2. Transporter of Hazardous Waste

Y ☐ N ☒ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.

Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)

Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace
 If "Yes", mark each that applies.
☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining

Y ☐ N ☒ 6. Underground Injection Control

Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste mark all boxes that apply:

| | <u>Manage</u> |
|---------------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> |
| c. Mercury containing equipment | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> |
| e. Other (specify) _____ | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> |

Y ☐ N ☒ 2. Destination Facility for Universal Waste
 Note: A hazardous waste permit may be required for this activity

C. Used Oil Activities
Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter
 If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer Facility

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
 If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner

Y ☐ N ☒ 4. Used Oil Fuel Marketer
 If "Yes", mark each that applies.
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

| D004 | D007 | D008 | D018 | D027 | D039 | D040 |
|------|------|------|------|------|------|------|
| | | | | | | |
| | | | | | | |

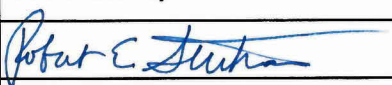
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

| B007 | | | | | | |
|------|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |

12. Comments (See instructions on page 21.)

9.A. - Quanta Resources Corp. is the last known operator. Remedial activities are presently being conducted under a Brownfield Cleanup Agreement with NYSDEC (BCA #241005). The property remains a Class 2 Inactive Hazardous Waste Site.

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

| Signature of operator, owner, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|--|--------------------------|
|  | Robert E. Stetkar Agent for Quanta Resources Group / Last Known Operator | 10/25/2006 |
| | | |
| | | |

Golder Associates Inc.

The Federal Trust Building
24 Commerce Street, Suite 430, 4th Floor
Newark, NJ 07102
Telephone (973) 621-0777
Fax (973) 621-7725
www.golder.com



2006 OCT 26 PM 4:08

October 25, 2006

Project No.: 023-6151
via FedEx

U.S. EPA Region 2
Director of Environmental Planning and Protection
RCRA Programs Branch, 22nd Floor
290 Broadway
New York, NY 10007-1866

Attn: Mr. Jack Hoyt

RE: UPDATE TO RCRA ID SITE INFORMATION FOR ID # NYD980592562

Dear Mr. Hoyt:

Enclosed is a RCRA Subtitle C Site Identification Form (Form 8700-12) for the Review Avenue Development II Site in Long Island City. Golder is submitting this form on behalf of our client in order to update the site information. Please contact the undersigned at (973)-621-0777 if you have any questions regarding this submission.

Very truly yours,

GOLDER ASSOCIATES INC.

A handwritten signature in blue ink, appearing to read "Robert E. Stetkar", is written over a horizontal line.

Robert E. Stetkar, PE
Principal

cc: Rich Kampf – ELM on behalf of QSAG

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

| | | | | |
|----|----|--------------------------------|----------|---------------------------------|
| 15 | 16 | INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day) |
| 5 | 1 | NYT3700-1040721 | | 801024 |

I. NAME OF INSTALLATION

Quanta Resources Corporation

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 One River Road

CITY OR TOWN

Edgewater

ST.

NJ

ZIP CODE

07020

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

37-80 Review Avenue

CITY OR TOWN

Queens

ST.

NY

ZIP CODE

11101

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

Diliberio, Ramsey President

PHONE NO. (area code & no.)

201-941-2020

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

Quanta Resources Corporation

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|--------------|--------------|--------------|---------------|---------------|---------------|
| 1 23 - 26 | 2 23 - 26 | 3 23 - 26 | 4 23 - 26 | 5 23 - 26 | 6 23 - 26 |
| 7 23 - 26 | 8 23 - 26 | 9 23 - 26 | 10 23 - 26 | 11 23 - 26 | 12 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 13 23 - 26 | 14 23 - 26 | 15 23 - 26 | 16 23 - 26 | 17 23 - 26 | 18 23 - 26 |
| 19 23 - 26 | 20 23 - 26 | 21 23 - 26 | 22 23 - 26 | 23 23 - 26 | 24 23 - 26 |
| 25 23 - 26 | 26 23 - 26 | 27 23 - 26 | 28 23 - 26 | 29 23 - 26 | 30 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 31 23 - 26 | 32 23 - 26 | 33 23 - 26 | 34 23 - 26 | 35 23 - 26 | 36 23 - 26 |
| 37 23 - 26 | 38 23 - 26 | 39 23 - 26 | 40 23 - 26 | 41 23 - 26 | 42 23 - 26 |
| 43 23 - 26 | 44 23 - 26 | 45 23 - 26 | 46 23 - 26 | 47 23 - 26 | 48 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 49 23 - 26 | 50 23 - 26 | 51 23 - 26 | 52 23 - 26 | 53 23 - 26 | 54 23 - 26 |
|---------------|---------------|---------------|---------------|---------------|---------------|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.) See Note 1 Attached.

☐ 1. IGNITABLE (D001)

☐ 2. CORROSIVE (D002)

☐ 3. REACTIVE (D003)

☒ 4. TOXIC (Possibly) (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Ramsey DiLibero, President

Oct. 17, 1980

af

DATE RETURNED _____
REASON _____

☐ ACKNOWLEDGEMENT SENT

INTERNAL CHECKLIST

ID # NYT370010407

1. Interim Regulatory Requirements

- copy
SIC
Lat/Long*
- A. (1) FORM 1 MISSING ☐
(2) FORM 3 MISSING ☐
- B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐
- C. (1) DATE of OPERATION MISSING ☐
(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐
- D. (1) NON-ACQUIER ☐
(2) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐
- E. (1) FORM 1, VIII B SIGNATURE MISSING ☐
(2) FORM 3, IX B SIGNATURE MISSING ☐

2. { A. HANDLER ☐
B. NONREGULATED ☐
C. UNSURE ☐
D. UNKNOWN FACILITY ☐
(missing name and address on Form 3)
E. NEW FACILITY > NOV. 19, 1980 ☐
F. CORE ITEM(S) MISSING ☐
G. NON-CORE ITEM(S) MISSING ☐
H. OTHER ☐

MISSING :

MAP ☐

DRAWING ☐

PHOTO ☐

AOK

| FORM 1 GENERAL | | U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i> | | I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> NYT 370010407 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------|---|---------------|--|----------|---|---------------|--------------|--|----------------------------|----|----------------|-----|--|---------------|--|--|------------------------------|--|---|--|--------------------|--|---|--|-----------|--|---|--|-----------------|--|--|---|--|--|--|--|-------------|--|--|--|---------------------------|--|---|--|---|--|--|--|--------------|--|--|--|---|--|--|--|
| II. POLLUTANT CHARACTERISTICS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK 'X'</th> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">MARK 'X'</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td></td> <td>X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</td> <td></td> <td>X</td> <td></td> <td>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td> <td>X</td> <td></td> <td></td> <td>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td> <td></td> <td>X</td> <td></td> <td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td>X</td> <td></td> <td>J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table> </div> | | SPECIFIC QUESTIONS | MARK 'X' | | | SPECIFIC QUESTIONS | MARK 'X' | | | YES | NO | FORM ATTACHED | YES | NO | FORM ATTACHED | A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | | X | | C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | X | | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | | X | | E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | X | | | F. 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Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | | GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. | |
| SPECIFIC QUESTIONS | MARK 'X' | | | SPECIFIC QUESTIONS | MARK 'X' | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YES | NO | FORM ATTACHED | | YES | NO | FORM ATTACHED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III. NAME OF FACILITY <div style="border: 1px solid black; padding: 2px;"> 1 QUANTA RESOURCES CORP </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV. FACILITY CONTACT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">A. NAME & TITLE (last, first, & title)</th> <th colspan="4">B. PHONE (area code & no.)</th> </tr> <tr> <td colspan="4">2 EUGENE PRASHKER CHMN OF BOARD</td> <td colspan="4">201 941 2020</td> </tr> </table> | | | | | | A. NAME & TITLE (last, first, & title) | | | | B. PHONE (area code & no.) | | | | 2 EUGENE PRASHKER CHMN OF BOARD | | | | 201 941 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 EUGENE PRASHKER CHMN OF BOARD | | | | 201 941 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| V. FACILITY MAILING ADDRESS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">A. STREET OR P.O. BOX</th> <th colspan="4">B. CITY OR TOWN</th> <th colspan="2">C. STATE</th> <th colspan="2">D. ZIP CODE</th> </tr> <tr> <td colspan="4">3 1 RIVER ROAD</td> <td colspan="4">4 EDGEWATER</td> <td colspan="2">NJ</td> <td colspan="2">07020</td> </tr> </table> | | | | | | A. STREET OR P.O. BOX | | | | B. CITY OR TOWN | | | | C. STATE | | D. ZIP CODE | | 3 1 RIVER ROAD | | | | 4 EDGEWATER | | | | NJ | | 07020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 1 RIVER ROAD | | | | 4 EDGEWATER | | | | NJ | | 07020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VI. FACILITY LOCATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="6">A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</th> <th colspan="6">B. COUNTY NAME</th> </tr> <tr> <td colspan="6">5 37-80 REVIEW AVENUE</td> <td colspan="6">QUEENS</td> </tr> <tr> <th colspan="6">C. CITY OR TOWN</th> <th colspan="2">D. STATE</th> <th colspan="2">E. ZIP CODE</th> <th colspan="2">F. COUNTY CODE (if known)</th> </tr> <tr> <td colspan="6">6 LONG ISLAND CITY</td> <td colspan="2">NY</td> <td colspan="2">11101</td> <td colspan="2"></td> </tr> </table> | | | | | | A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | | | | | | B. COUNTY NAME | | | | | | 5 37-80 REVIEW AVENUE | | | | | | QUEENS | | | | | | C. CITY OR TOWN | | | | | | D. STATE | | E. ZIP CODE | | F. COUNTY CODE (if known) | | 6 LONG ISLAND CITY | | | | | | NY | | 11101 | | | | | | | |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | | | | | | B. COUNTY NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 37-80 REVIEW AVENUE | | | | | | QUEENS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. CITY OR TOWN | | | | | | D. STATE | | E. ZIP CODE | | F. COUNTY CODE (if known) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 LONG ISLAND CITY | | | | | | NY | | 11101 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|
| A. FIRST | | | | | | | | | | B. SECOND | | | | | | | | | |
| (specify) THIS IS STAGING SITE UNKNOWN: FOR USED CRANKCASE OIL | | | | | | | | | | (specify) | | | | | | | | | |
| C. THIRD | | | | | | | | | | D. FOURTH | | | | | | | | | |
| (specify) | | | | | | | | | | (specify) | | | | | | | | | |

VIII. OPERATOR INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A. NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | B. Is the name listed in Item VIII-A also the owner? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QUANTA RESOURCES CORP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D. PHONE (area code & no.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F = FEDERAL | | | | | | | | | | M = PUBLIC (other than federal or state) | | | | | | | | | | P (specify) | | | | | | | | | | A | | | | | | | | | | 201 | | | | | | | | | | 941 | | | | | | | | | | 2020 | | | | | | | | | | | | | | | | | | | |
| S = STATE | | | | | | | | | | O = OTHER (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P = PRIVATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E. STREET OR P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 RIVER ROAD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. CITY OR TOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | G. STATE | | | | | | | | | | H. ZIP CODE | | | | | | | | | | IX. INDIAN LAND | | | | | | | | | | | | | | | | | | | |
| EDGEWATER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NJ | | | | | | | | | | 07020 | | | | | | | | | | Is the facility located on Indian lands? | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | |

X. EXISTING ENVIRONMENTAL PERMITS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A. NPDES (Discharges to Surface Water) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D. PSD (Air Emissions from Proposed Sources) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 N NONE KNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9 P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. UIC (Underground Injection of Fluids) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. RCRA (Hazardous Wastes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

CRANKCASE OILS ARE DELIVERED TO ONE OF TWO TANKS (30,000 GAL AND 50,000 GAL). THE DELIVERIES ARE SAMPLED AND MATERIAL IS THEN TRANSFERRED TO QUANTA'S EDGEWATER PLANT. ALL OTHER TANKS SHOWN ON ATTACHED SKETCH ARE INACTIVE. THEY HAVE OR WILL SHORTLY BE CLEANED AND SEALED. THIS FACILITY IS CURRENTLY USED FOR STAGING PURPOSES ONLY. AN INVENTORY OF INACTIVE TANKS AND THEIR CONTENTS IS ENCLOSED.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| A. NAME & OFFICIAL TITLE (type or print) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | B. SIGNATURE | | | | | | | | | | | | | | | | | | | | C. DATE SIGNED | | | | | | | | | |
| Mr. E. Prashker, Chmn. of Board | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | 11/18/50 | | | | | | | | | |

COMMENTS FOR OFFICIAL USE ONLY

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|--------------------------|--|---|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| FORM 3 RCFA |  | U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.) | I. EPA I.D. NUMBER | | | | | | | | | | | |
| | | | F 0 4 7 3 7 0 0 1 0 4 0 7 3 1 | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|-----------------------|--|--|--|--|---------------------------------|--|--|--|--|----------|--|--|--|--|
| FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | |
| APPLICATION APPROVED | | | | | DATE RECEIVED (yr., mo., & day) | | | | | COMMENTS | | | | |
| 23 | | | | | 24 - 29 | | | | | | | | | |

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

| | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A. FIRST APPLICATION (place an "X" below and provide the appropriate date) | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2. NEW FACILITY (Complete item below.) | | | | | | | | | | | | | | |
| FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN | | | | | | | | | | | | | | |
| YR. MO. DAY | | | | | | | | | | | | | | |
| 8 03 08 01 | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| B. REVISED APPLICATION (place an "X" below and complete Item I above) | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT | | | | | | | | | | | | | | |

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|--|---|-------------------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | INCINERATOR | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | | T04 | GALLONS PER DAY OR LITERS PER DAY |
| Disposal: | | | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | | |
| INJECTION WELL | D79 | GALLONS OR LITERS | | | |
| LANDFILL | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |
| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE |
| GALLONS | G | LITERS PER DAY | V | ACRE-FEET | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| | | | | | | | | | | | | | | |
|---|---|----------------------------|---|--------------------------------|----------------|---|----------------------------|---|--------------------------------|--|--|--|--|--|
| S C DUP T/A C 1 | | | | | | | | | | | | | | |
| 1 2 13 14 15 | | | | | | | | | | | | | | |
| LINE NUMBER | A. PRO- CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PRO- CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | | FOR OFFICIAL USE ONLY | | | | | |
| | | 1. AMOUNT (specify) | 2. UNIT OF MEA- SURE (enter code) | | | | 1. AMOUNT | 2. UNIT OF MEA- SURE (enter code) | | | | | | |
| X-1 | S 0 2 | 600 | G | | 5 | | | | | | | | | |
| X-2 | T 0 3 | 20 | E | | 6 | | | | | | | | | |
| 1 | S 0 2 | 80,000 000 | G | | 7 | | | | | | | | | |
| 2 | | | | | 8 | | | | | | | | | |
| 3 | | | | | 9 | | | | | | | | | |
| 4 | | | | | 10 | | | | | | | | | |
| 16 - 18 19 27 28 29 - 32 16 - 18 19 27 28 29 - 32 | | | | | | | | | | | | | | |

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZ. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | |
|----------|---------------------------------------|---------------------------------------|------------------------------------|-----------------------------|--|
| | | | | 1. PROCESS CODES (enter) | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| X-1 | K 0 5 4 | 900 | P | T 0 3 D 8 0 | |
| X-2 | D 0 0 2 | 400 | P | T 0 3 D 8 0 | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 D 8 0 | |
| X-4 | D 0 0 2 | | | | included with above |

| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------|--------------------------|----|----|----|----|----|----|----|---|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| S W 1 2 13 14 15 T/A C 3 1 | | | | | | | | | | | | | S W 1 2 13 14 15 23 24 25 26 T/A C 3 2 DUP | | | | | | | | | | | | | | |
| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 1. PROCESS CODES (enter) | | | | | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | | | | | | | | | | | | | |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |
| 1 | D O O O | 7,000,000 | P | S02 | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

F61A
55F61A
56

EPA I.D. NO. (enter from page 1)

F 1 2 3 4 5 6 7 8 9 10 11 12 T/A C
N 4 7 3 2 0 0 1 0 4 0 7 3 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

| | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|
| 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 |
|----|----|----|----|----|----|----|----|----|----|----|

LONGITUDE (degrees, minutes, & seconds)

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 |
|----|----|----|----|----|----|----|----|

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Mr. E. Prashker

11/18/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Mr. E. Prashker

11/18/80

V. FACILITY DRAWING (see page 4)

SEE ATTACHED DRAWING

LABELED:

QUANTA RESOURCES CORP.
LONG ISLAND CITY
NEW YORK PLANT

NEWTON CREEK

N

LONG ISLAND RAILROAD COMPANY

182'

QUANTA
RESOURCES
CORPORATION
LONG ISLAND CITY,
N.Y. PLANT

11-17-80

393'

383'

SCALE: 1" = 60' - 0"

PROPERTY BOUNDARY
LINE: - - - - -

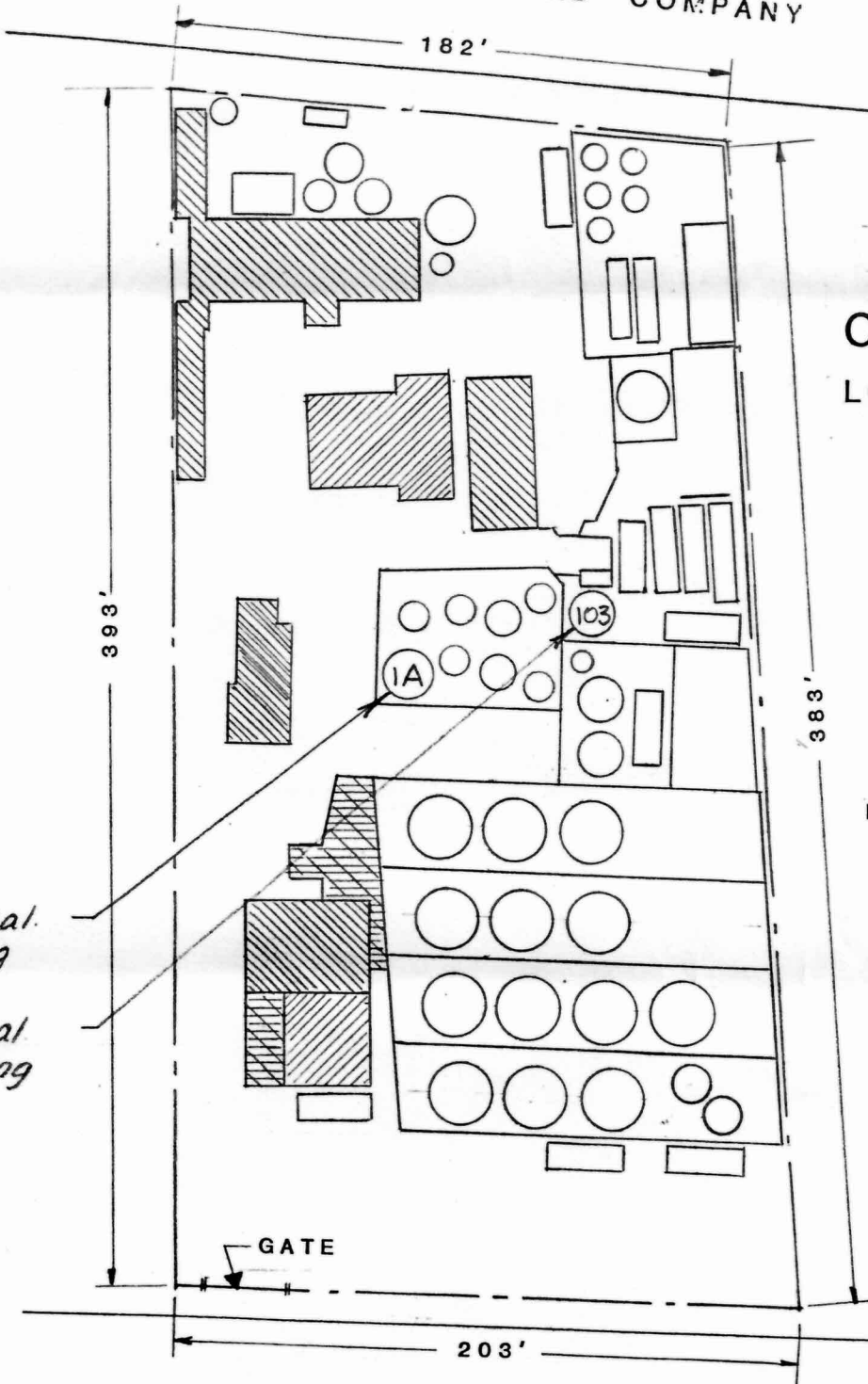
50,000 gal.
staging

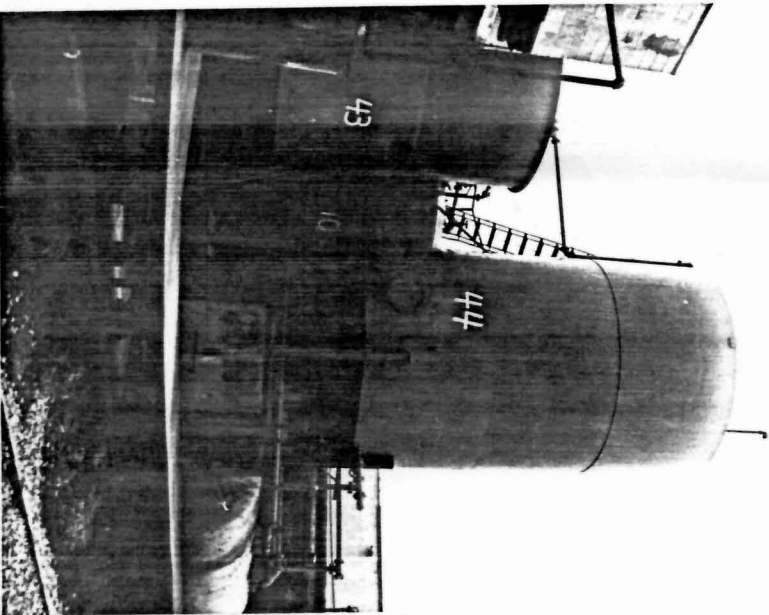
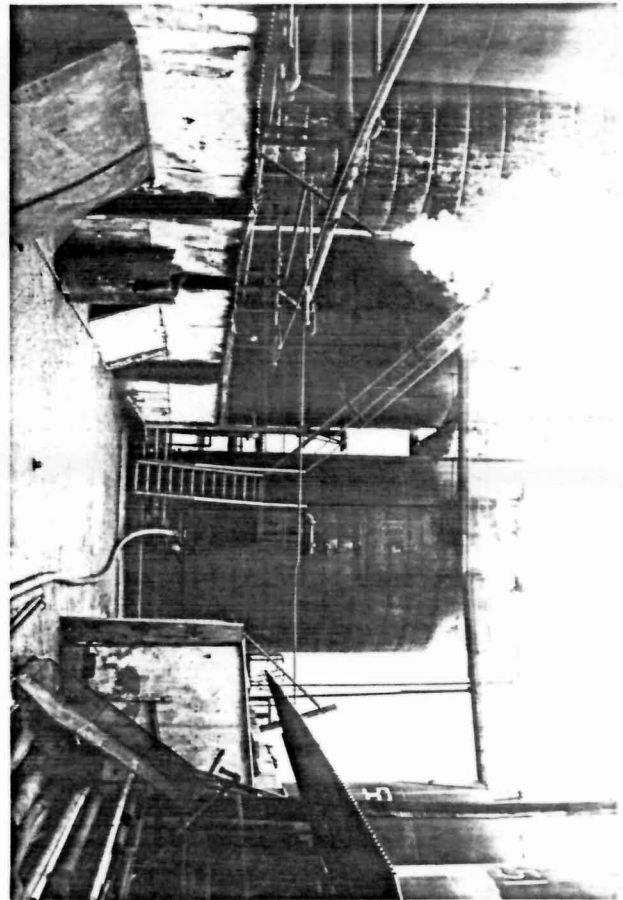
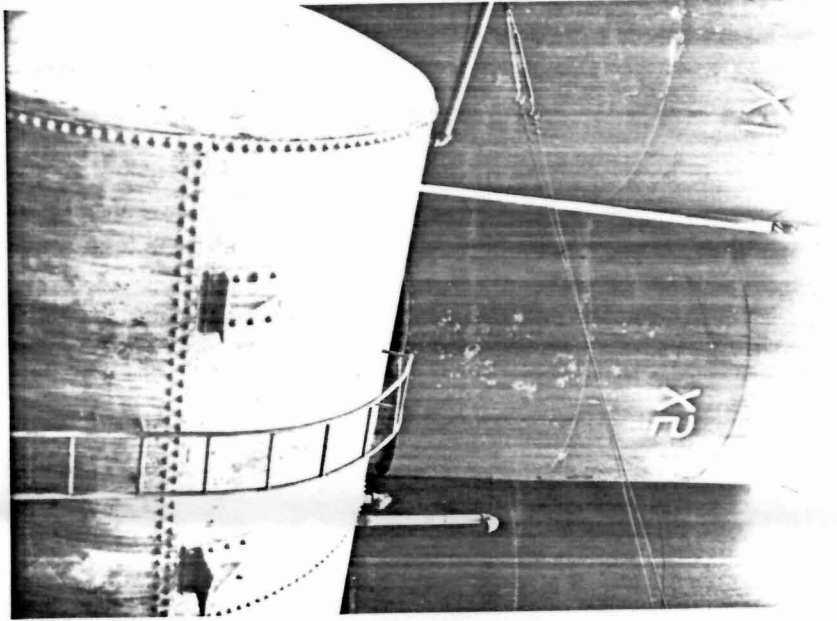
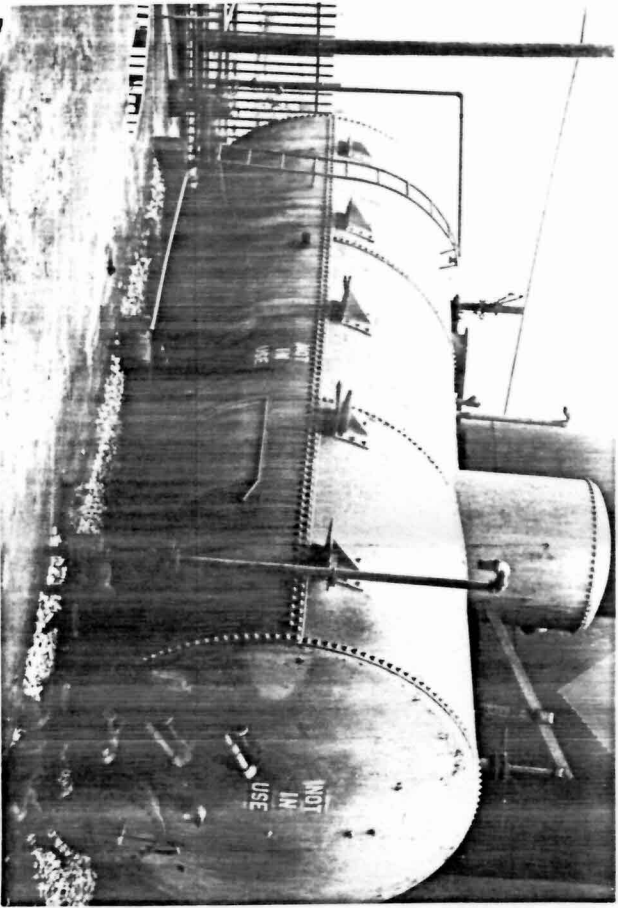
30,000 gal.
staging

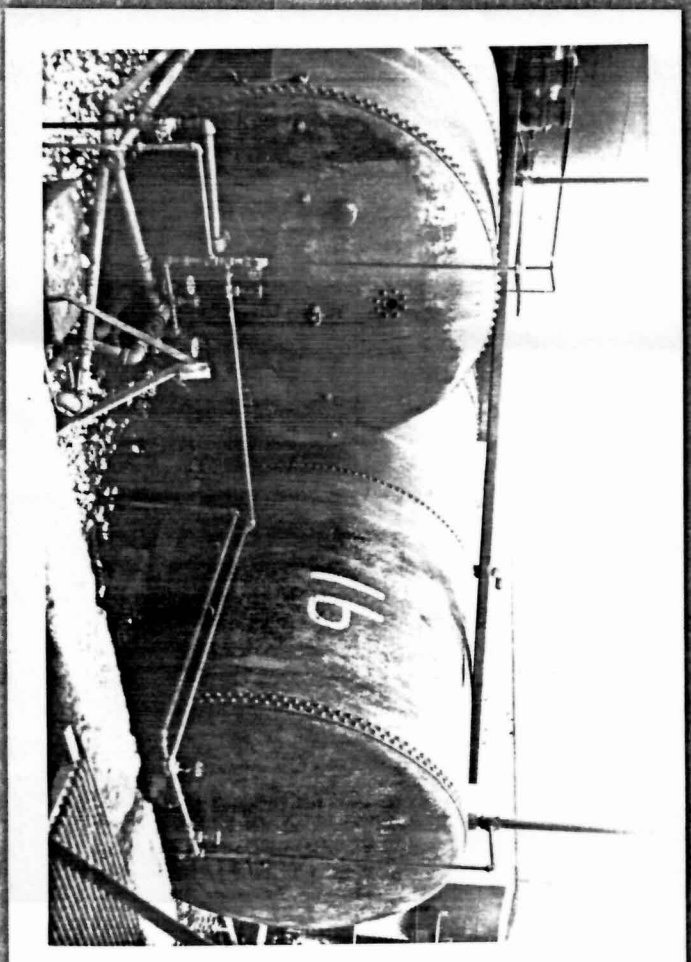
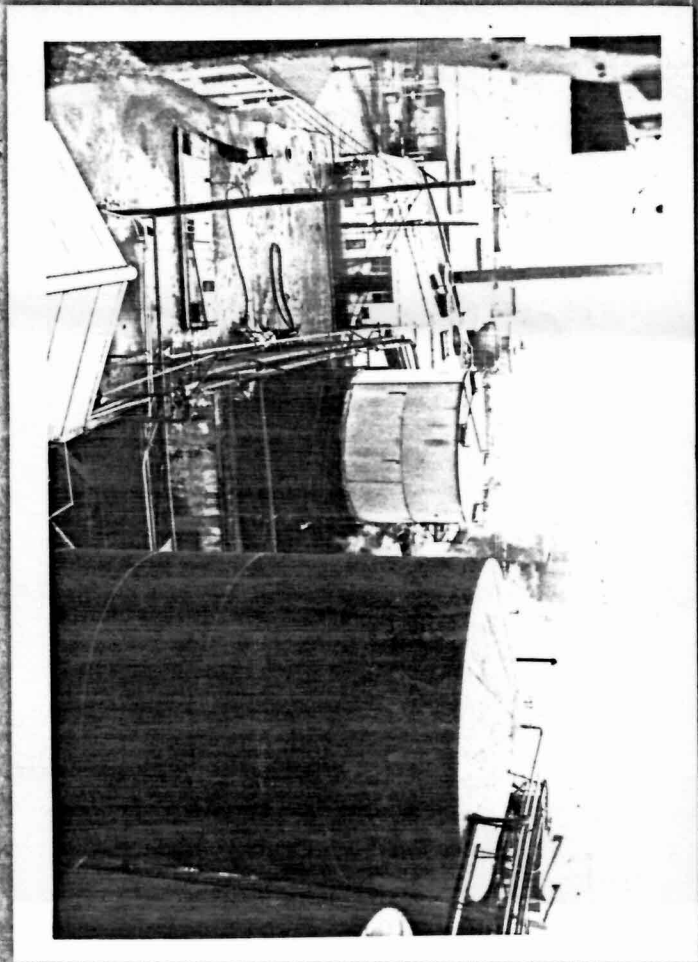
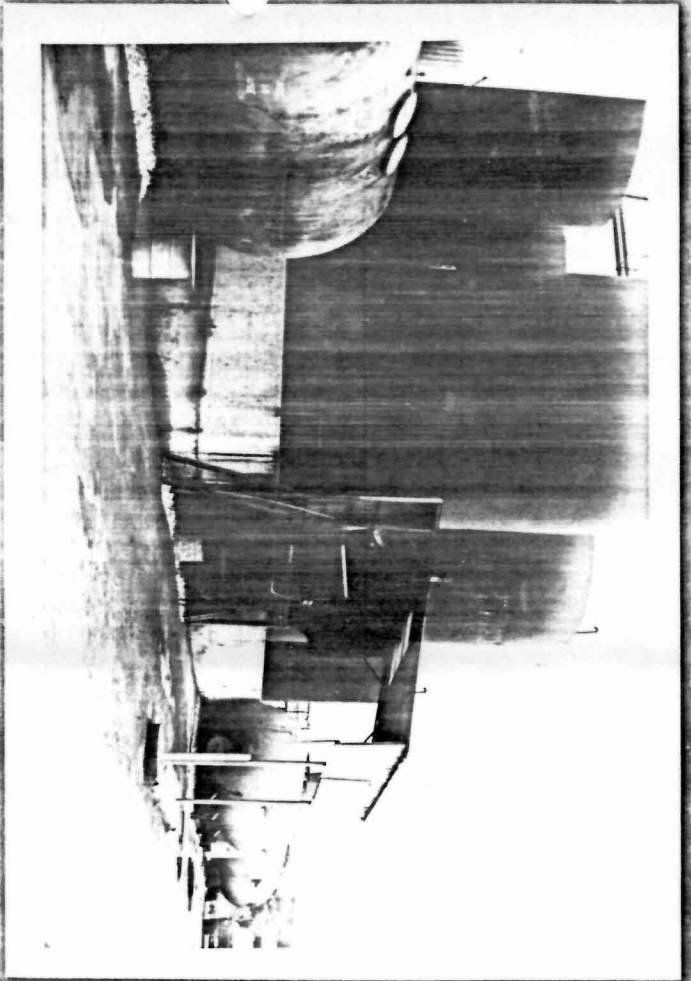
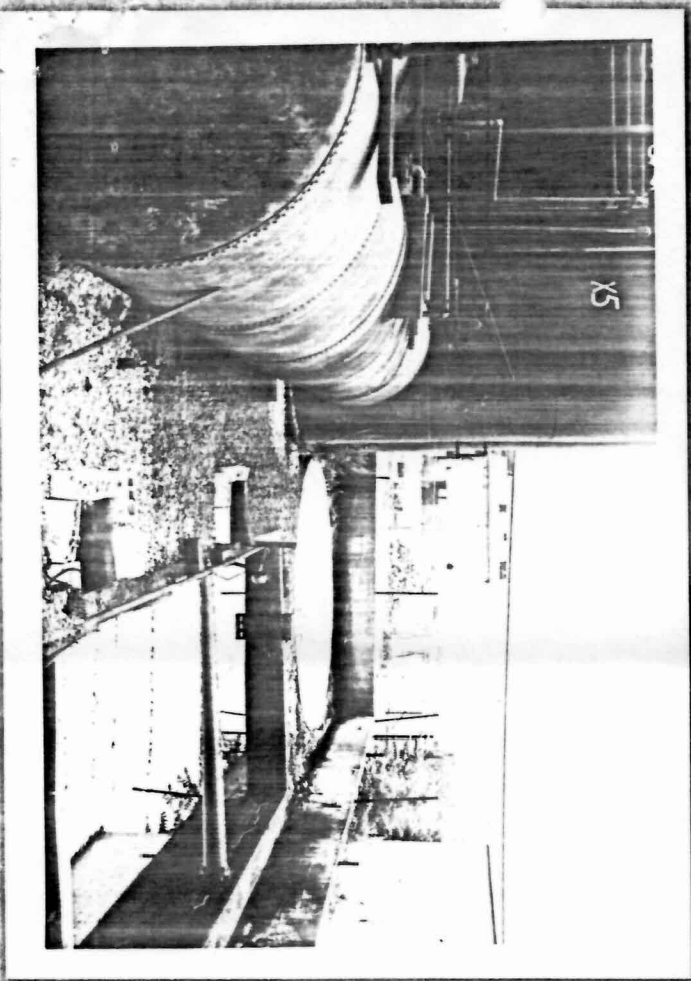
GATE

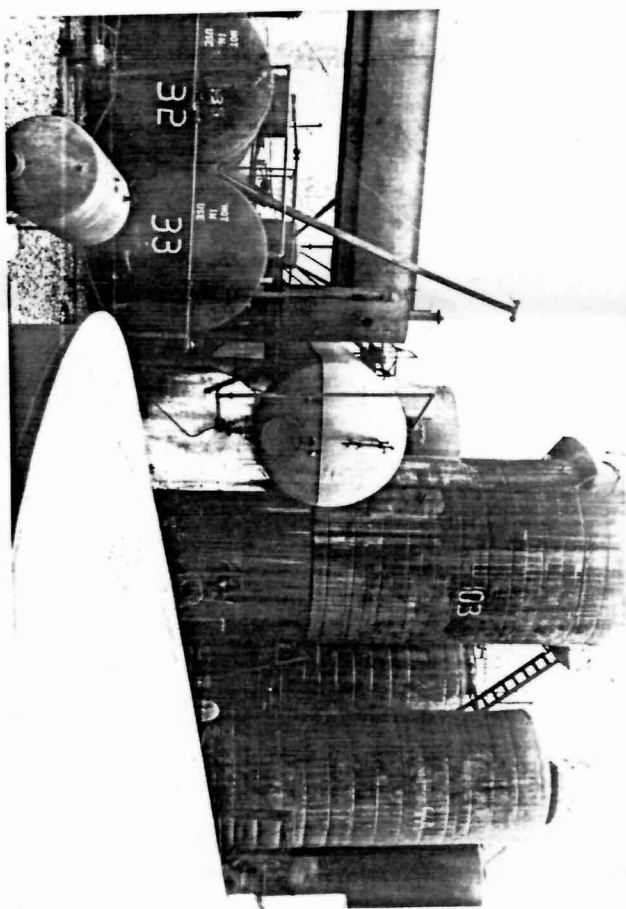
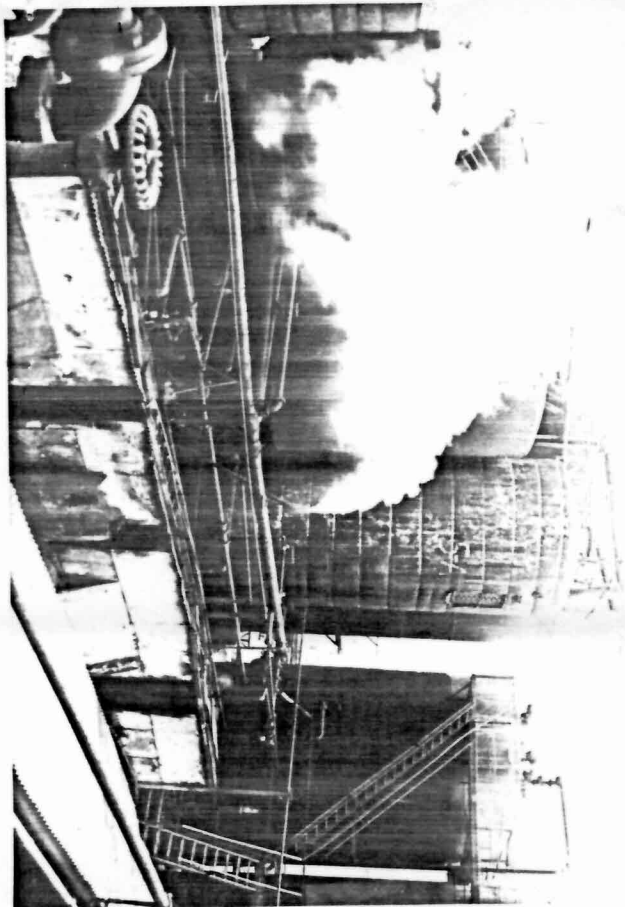
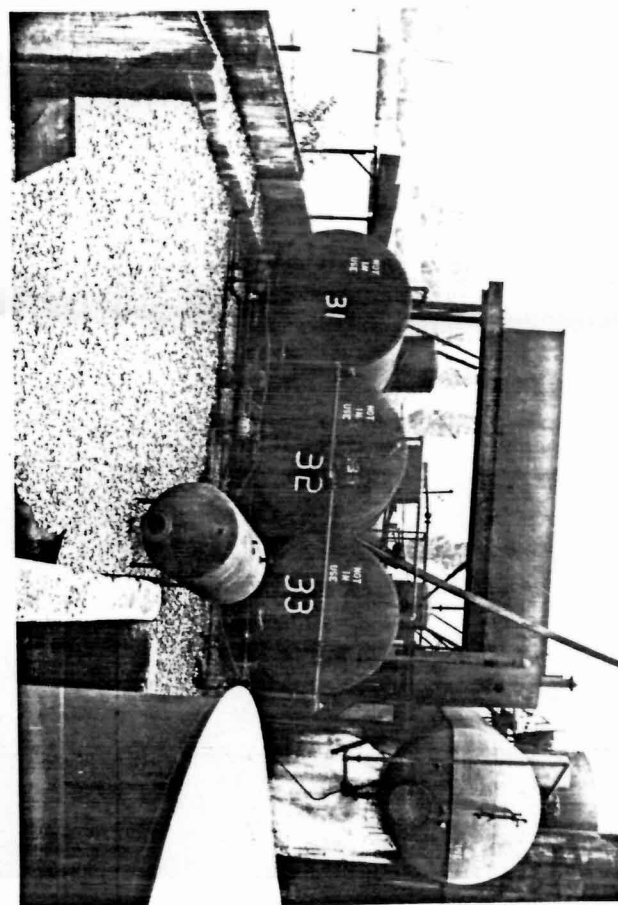
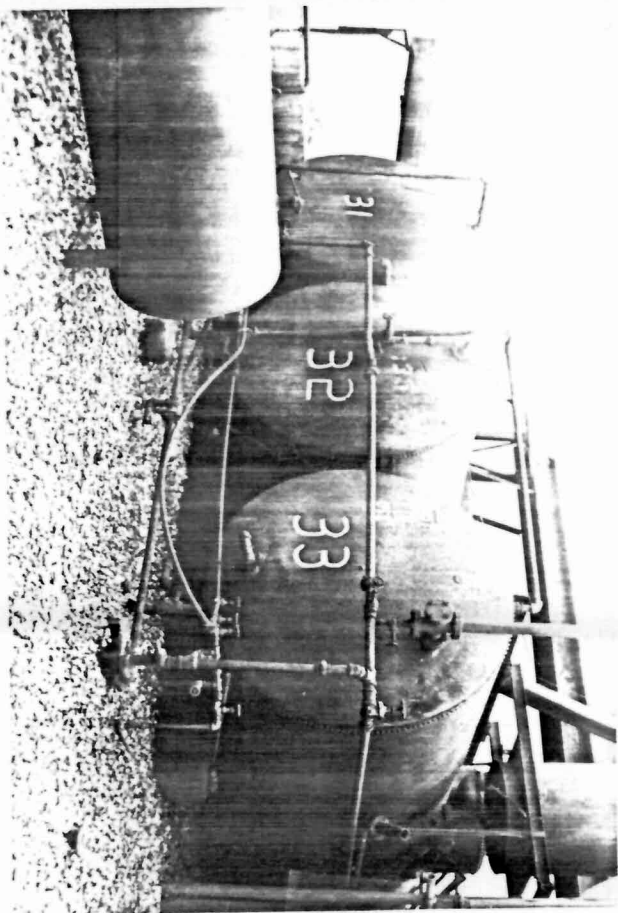
203'

REVIEW AVENUE

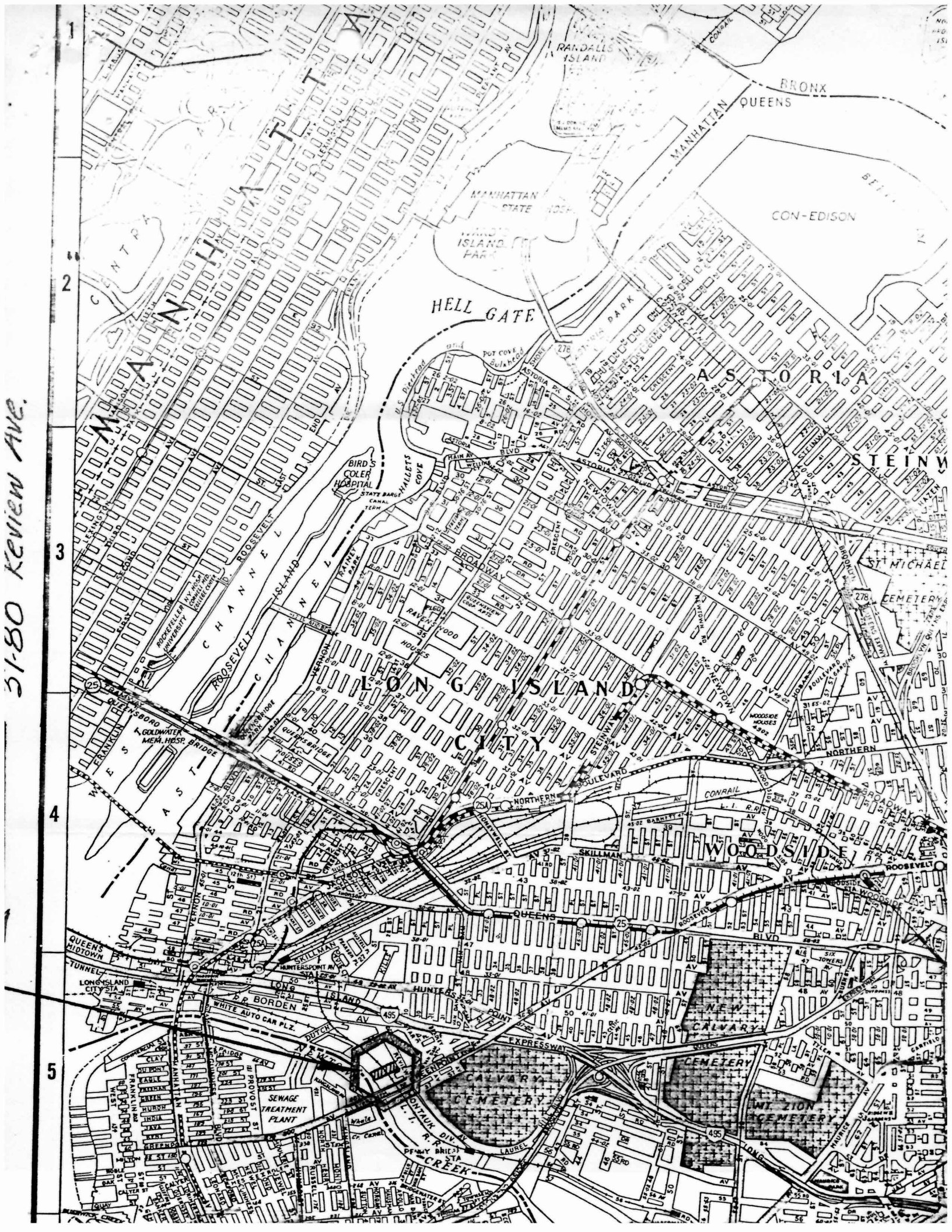








51-80 KENYON AVE.



Bruce

NOLAN, BELL & MOORE
Attorneys for Trustee,
Thomas J. O'Neill
60 Park Place
Newark, New Jersey 07102
(201) 643-6300

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW JERSEY

In the Matter of:) Case No. 81-05967
QUANTA RESOURCES CORPORATION,) NOTICE OF PROPOSED
a corporation of the State of) ABANDONMENT
Delaware,)
Debtor.

THOMAS J. O'NEILL, Trustee, has filed a Notice of Intention to abandon certain property described below as being of inconsequential value to the estate.

If any creditor or any other party in interest has an objection to the proposed abandonment, the objection and a request for a hearing on such objection shall be in writing, served upon the Trustee and filed with the Clerk of the United States Bankruptcy Court at U.S. Post Office & Court House Building, P. O. Box 557, Newark, New Jersey 07101.

Such objection and request shall be filed with the Clerk and served upon the Trustee no later than June 4, 1982.

In the event an objection is timely filed, a hearing thereon will be held on June 6, 1982 at 10 A.M., Courtroom #6,

The description of the property and the liens and exemptions claimed are as follows:

| <u>Description of Property</u> | <u>Appraisal</u> | <u>Amount of Liens</u> | <u>Amt. of Equity Claimed as Exempt by Debtor</u> |
|---|--|---|---|
| Real and personal property located at 37-80 Review Avenue, Long Island City, New York | Fair market value \$535,000.00. Forced sale value \$428,000. | The Equitable Life Assurance Society of the United States \$110,000.00 Portland Holding Corp. \$344,464.00 | -0- -0- |

Additional information:

The subject property has been used for many years as a storage facility for waste oil and is improved with fuel storage tanks. Many of the tanks now hold waste oil which is contaminated. The Trustee has been advised that a substantial cleanup operation is required on the property, the cost of which probably would be in excess of the appraised value.

On or about March 18, 1982, the Clerk of the Bankruptcy Court issued a Notice to Creditors of Sale by public auction or abandonment of the subject property in Long Island City, New York, which Notice included the following statement:

The property is subject to a mortgage lien of the Equitable Life Assurance Society in the principal amount of \$90,000.00. If the Trustee does not receive an offer in excess of the amount of the lien of Equitable Life Assurance Society, the property will be abandoned by the Trustee.

The Notice set the date for the auction sale as April 5, 1982. No one appeared on April 5, 1982 in accordance with the Notice to bid for the property.

The Trustee did, however, receive a bid in the sum of

liens. On April 30, 1982, an Order was entered by the Bankruptcy Court approving the sale of the real estate to Greenpoint Oil Corporation and authorizing the Trustee to execute and deliver an appropriate Deed.

Greenpoint Oil Corporation subsequently advised the Trustee that it had decided not to proceed with the purchase of the property and has requested that the Court vacate the Order approving the sale.

The Trustee presently is incurring costs to maintain security for the property. It is the opinion of the Trustee that the property is burdensome to the estate and of inconsequential value.

Requests for additional information about the property to be abandoned should be directed to Thomas J. O'Neill, Esq., 60 Park Place, Newark, New Jersey 07102 (201) 643-6300.

Dated: May 25, 1982

NOLAN, BELL & MOORE
Attorneys for Thomas J. O'Neill

By William F. McEnroe
WILLIAM F. McENROE

RESPONDENT CONTACT RECORD (RCR)

| | | | | | | | |
|-----------------------------|-----------------------|--|--|--------------------------------------|--|--------------------------------------|--|
| FACILITY ID NUMBER | | | | COMPANY NAME | | | |
| NYT370010407 | | | | QUANTA RESOURCES. | | | |
| COMPANY ADDRESS | | | | CITY | | STATE ABBREV. | |
| | | | | Long Island City | | <div> <div></div> <div></div> </div> | |
| CONTACT PERSON'S NAME/TITLE | | | | TELEPHONE NUMBER (INCLUDE AREA CODE) | | | |
| Eugene Prashker | | | | Edgewater → 201 941-2020 | | | |
| CONTACT RECORD | | | | | | | |
| DATE | CONTRACTOR'S INITIALS | ITEMS DISCUSSED/RESOLUTION | | | | | |
| | | SIC, lat/long | | | | | |
| 7/22 | ap | will mail back - the | | | | | |
| | | Charles Jeffert called back - can be coded | | | | | |
| | | longitude 074 57 300 | | | | | |
| | | latitude 40 44 300 | | | | | |
| | | SIC code - 2911 | | | | | |
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QUANTA RESOURCES

NEW YORK PLANT

| TANK | CAPACITY | GAL'S PER INCH | GAL'S PER FOOT | TANK | CAPACITY | GAL'S PER INCH | GAL'S PER FOOT |
|------|----------------|----------------|----------------|------|---------------|----------------|----------------|
| COMP | | - | | 55 | SL 409E | 29'5" | 909 |
| DUMP | | - | | 56 | " | 40'10" | 4,116 |
| 1A | C.C.O.L | 27'5" | 9729 | 57 | " | 41'2" | 2,405 |
| 1 | | - | | 58 | R.O.L | 24 | 3396 |
| 2 | | - | | 59 | SL 409E & Fin | 40'4" | 5292 |
| 3 | | - | | 60 | " " | 40'7" | 4,704 |
| 4 | | - | | 61 | R.O.L | 21 | 2264 |
| 5 | | - | | 62 | | - | |
| 4A | | - | | 63 | | - | |
| 5A | | - | | 64 | SL 409E | 41'2" | 2,405 |
| 14 | FUEL & SL 409E | 2'5" | 2746 | 101 | " | - | - |
| 15 | | - | | 102 | " | 2'10" | 27,720 |
| 16 | " " | 2'4" | 2823 | 103 | C.C.O.L | 10'2" | 17,875 |
| 24 | | - | | X1 | | - | |
| 31 | | - | | X2 | | - | |
| 32 | | - | | X3 | | - | |
| 33 | | - | | X4 | | - | |
| 50 | SL 409E & Fin | 40'7" | 4704 | X5 | | - | |
| 51 | " " | " | " | 42JR | | - | |
| 52 | | - | | 42 | | - | |
| 53 | SL 409E | 37'7" | 11,760 | 44 | | - | |
| 54 | " | 40'4" | 5488 | | | - | |

COMMENTS:

A.L.U. - Not in Use
 B.L.U. - Does Not Exist
 C.L.U. - Unknown

D.L.U. - Not Checked
 E. - Not Checked

No Fuel

| Waste Stream | Transporter Tractor/Trailer # | Volume Cubic Yards | Date Shipped | Disposal Destination | Manifest |
|---------------------------------------|---|-----------------------|-----------------|-------------------------|------------|
| PCB-Contaminated Solidified Sludge | R&R Sanitation NJ XVW-8V/ NJ TZ-3605J | 12 | 11/9/82 | SCA Model City | NY-2300256 |
| PCB-Contaminated Solidified Sludge | R&R Sanitation NJ XWX-53N/ NJ T66166 | 12 | 11/9/82 | SCA MODEL City | NY-2300364 |
| PCB-Contaminated Solidified Sludge | R&R Sanitation NJ XB-28FN/ NJ TN-888H | 12 | 11/9/82 | SCA Model City | NY-2300373 |
| PCB-Contaminated Solidified Sludge | R&R Sanitation NJ XPU-90X/ NJ TY-775V | 12 | 11/9/82 | SCA Model City | NY-2300355 |
| PCB-Contaminated Solidified Sludge | R&R Sanitation NJ XVC-87H/ NJ T2-4421 | 12 | 11/9/82 | SCA Model City | NY-2300472 |
| PCB-Contaminated Solidified Sludge | R&R Sanitation NJ XLK-41D/ NJ THO-777 | 12 | 11/9/82 | SCA Model City | NY-2300445 |
| PCB-Contaminated Solidified Sludge | R&R Sanitation NJ XTA-84R/ NJ 502-TFW | 12 | 11/9/82 | SCA Model City | NY-2300238 |
| PCB-Contaminated Solidified Sludge | R&R Sanitation NJ XNX-29V/ NJ TS-867R | 12 | 11/9/82 | SCA Model City | NY-2300319 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. NY 8702-TV/ NY H-79392 | 12 | 11/9/82 | SCA Model City | NY-2300382 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. NY 8716-TV/ NY H-79392 | 12 | 11/9/82 | SCA Model City | NY-2300265 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. PA CZ-26962/ PA TG-72975 | 12 | 11/9/82 | SCA Model City | NY-2300283 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. NY 5424 TX/ NY M-50316 | 12 | 11/9/82 | SCA Model City | NY-2300292 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. PA CJ-42848/ PA TG-28166 | 12 | 11/9/82 | SCA Model City | NY-2300301 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. PA CU-56074/ PA TG-94606 | 12 | 11/9/82 | SCA Model City | NY-2300463 |

Arch 2

| Waste Stream | Transporter Tractor/Trailer # | Volume Cubic Yards | Date Shipped | Disposal Destination | Manifest |
|---------------------------------------|---|-----------------------|-----------------|-------------------------|------------|
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. NY 8704-TU/ NY A-90186 | 12 | 11/9/82 | SCA Model City | NY-2300274 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. PA CU-28243/ PA TF-12864 | 12 | 11/9/82 | SCA Model City | NY-2300346 |
| PCB-Contaminated Solidified Sludge | R&R Sanitation NJ XWX-53N/ NJ TN-888H | 14 | 11/11/82 | SCA Model City | NY-2300643 |
| PCB-Contaminated Solidified Sludge | R&R Sanitation NJ XLK-41D/ NJ THO-777 | 14 | 11/11/82 | SCA Model City | NY-2300103 |
| PCB-Contaminated Solidified Sludge | R&R Sanitation NJ XNX-29V/ NJ TS-867R | 14 | 11/11/82 | SCA Model City | NY-2300652 |
| PCB-Contaminated Solidified Sludge | R&R Sanitation NJ TY-775U/ NJ XPU-90X | 14 | 11/11/82 | SCA Model City | NY-2300661 |
| PCB-Contaminated Solidified Sludge | R&R Sanitation NJ XUW-80V/ NJ TZ-360J | 14 | 11/11/82 | SCA Model City | NY-2300454 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp.. NY 8702-TV/ NY S-60165 | 14 | 11/11/82 | SCA Model City | NY-2300508 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. Ohio 152-970/ Ohio 335-F13 | 14 | 11/11/82 | SCA Model City | NY-2300418 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. PA CU-28245/ PA TF-12864 | 14 | 11/11/82 | SCA Model City | NY-2300625 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. NY 5424-TX/ NY M-50316 | 14 | 11/11/82 | SCA Model City | NY-2300517 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. NY 8704-TV/ NY A-90186 | 14 | 11/11/82 | SCA Model City | NY-2300544 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. NY 5426-TX/ NY R-59793 | 14 | 11/11/82 | SCA Model City | NY-2300553 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. NY 9790-TV/ NY M-54680 | 14 | 11/11/82 | SCA Model City | NY-2300616 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. NY 8716-TV/ NY H-79392 | 14 | 11/11/82 | SCA Model City | NY-2300677 |

-3-

| Waste Stream | Transporter Tractor/Trailer # | Volume Cubic Yards* | Date Shipped | Disposal Destination | Manifest |
|---|---|--------------------------|-----------------|--------------------------------|---------------------------|
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. NY 8694-TV/ NY A98284 | 14 | 11/11/82 | SCA Model Sity | NY-2300634 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. NY 5431-TX/ NY S-60179 | 14 | 11/11/82 | SCA Model City | NY-2300598 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. NY 1130-TW/ NY M-50491 | 14 | 11/11/82 | SCA Model City | NY-2300589 |
| PCB-Contaminated Solidified Sludge | Buffalo Fuel Corp. ONT. -XJ81 PA T6-94602 | 14 | 11/11/82 | SCA Model City | NY-2300571 |
| Cyanide Solution | R&R Sanitation NJ XWJ-40V/ NJ TX-9864 | 1,100 Gallons | 11/10/82 | SCA Newark, N.J. | NY-2300427 |
| Cyanide Solution | R&R Sanitation NJ XMH-47C/ NJ TP-615D | 5,000 Gallons | 11/10/82 | SCA Newark, N.J. | NY-2300436 |
| Cyanide Solution | R&R Sanitation NJ XUC-84H | 3,325 Gallons | 11/10/82 | SCA Newark, N.J. | NY-2300328 |
| PCB SLUDGE (8000 + ppm) | S&J Transp. NJ XVV40J NJ659TFW | 1,705 Gal. (31 drums) | 12/01/82 | ROLLINS Deer Park, TX | NY-2967534 TX-00552409 |
| PCB-CONTAMINATED DIESEL FUEL (SOLVENT TRIPLE RINSE) | S&J NJ XVV40J NJ659TFW | 1,100 Gal. (20 drums) | 12/01/82 | SEA-BRIGHT Wilder, Kentucky | NY-2967561 KY-#1 |

*Except where noted otherwise

QUANTA CLEANUP EPA ID # NYP000773002

| WASTE STREAM | RAIL/TRUCK TANKER | VOLUME GALLONS | DATE SHIPPED | DISPOSAL DESTINATION | MANIFEST |
|-------------------------|----------------------|-------------------|-----------------|-------------------------|---------------------------|
| 1. OIL | LIRR WRNX20001 | 20,230 | 9/21/82 | SCA CHICAGO | NY 1615752 ILL 0685227 |
| 2. OIL | LIRR WRNY20006 | 18,900 | 9/21/82 | SCA CHICAGO | NY 1615986 ILL 0685226 |
| 3. OIL | LIRR SCUX86709 | 20,000 | 9/22/82 | SCA CHICAGO | NY 1615761 ILL 0685230 |
| 4. OIL - C1 | LIRR NATX21134 | 20,120 | 9/28/82 | SCA CHICAGO | NY 1615896 ILL 0701508 |
| 5. OIL - C1 | LIRR MONX40006 | 20,500 | 10/1/82 | SCA CHICAGO | NY 1615905 ILL 0685228 |
| 6. OIL - C1 | LIRR MONX40011 | 20,500 | 10/1/82 | SCA CHICAGO | NY 1615914 ILL 0685229 |
| 7. OIL | LIRR NATX20161 | 20,100 | 10/4/82 | SCA CHICAGO | NY 2300112 ILL 0701510 |
| 8. OIL | LIRR NATX21642 | 20,400 | 10/4/82 | SCA CHICAGO | NY 2300121 ILL 0701509 |
| 9. OIL- C1 | LIRR ACFX81086 | 17,800 | 10/5/82 | SCA CHICAGO | NY 2300148 ILL 0701512 |
| 10. OIL | LIRR NATX21645 | 20,200 | 10/5/82 | SCA CHICAGO | NY 2300139 ILL 0701511 |
| 11. SLUDGE PCB-CONT. | LIRR NATX21596 | 20,000 | 10/15/82 | ENSCO ARK | AR-08480 NY 2967966 |
| 12. SLUDGE PCB-CONT. | LIRR NATX21632 | 20,000 | 10/15/82 | ENSCO ARK | AR-08494 NY 2967975 |
| 13. SLUDGE PCB-CONT. | LIRR ACEY12086 | 20,000 | 10/15/82 | ENSCO ARK | AR-08486 NY 2967741 |
| 14A SLUDGE FLAMMABLE | ROLLINS 1751 | RETURNED | 10/13/82 | ROLLINS NJ | NY 2300184 |
| 15A SLUDGE FLAMMABLE | ROLLINS 7238 | 5,000 | 10/13/82 | ROLLINS NJ | NY 1615968 |
| 14 OIL-PCB-CONT. | LIRR MONX40008 | 19,000 | 10/21/82 | ROLLINS TX | TX 00527124 NY 2968002 |
| 15 OIL-PCB-CONT. | LIRR MONX40023 | 19,716 | 10/21/82 | ROLLINS TX | TX 00527125 NY 2967714 |
| 16. OIL-PCB | ROLLINS 5212 | 1,600 | 10/22/82 | ROLLINS TX | TX 00527126 |

See cover sheet
for instructions

PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230038 2

1A:

| | | |
|---|--------------------------------|-----------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>840040159436</i> |
| SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp.</i> | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NY0051809952</i> |
| SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NY0049836670</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City New York 14107</i> | | |

THIS FORM IS NO. *1* OF A TOTAL OF *1* THE FIRST MANIFEST DOCUMENT NO. IS NY *2300382*

| | PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|---|--|---------------------|---------------|-----------|--------------|-------|------------|-----------|--------------|----------------|
| | | | | | | | NO. | TYPE | | |
| 1 | <i>Poly chlorinated Biphenyls</i> | <i>ORME</i> | <i>UN2315</i> | <i>HA</i> | <i>1202</i> | | <i>001</i> | <i>03</i> | | |
| | <i>(PCB-contaminated, solidified sludge)</i> | | | | | | | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 315 License # NY 8702-TV Work Order # 77391

Trailer # 6565 License # NY H-79392 Code # 3146A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|--|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED <i>11 09 82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11 10 82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>Robert Caly</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>9A098</i> | DATE RECEIVED <i>11 09 82</i> Mo. Day Yr. |

COPY 1 Disposal State—Mailed by Generator

Tear at this Perforation

To Be TYPED by Generator

See cover sheet
instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

PLEASE TYPE

DOCUMENT NO. NY 230026 5

Part A:

| | | |
|--|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID. NO. <i>NYD090159936</i> |
| SITE ADDRESS <i>37-80 Review Avenue, Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i> | PHONE <i>(800)-462-2121</i> | EPA ID. NO. <i>NYD051809952</i> |
| SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID. NO. <i>NYD099836679</i> |
| SITE ADDRESS <i>1550 Balmer Road, Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300265

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|----------------|----------|--------------|-----------|------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| <i>Poly chlorinated B. phenyls (PCB-contaminated, Solidified Sludge)</i> | <i>ORM-E</i> | <i>UN 2315</i> | <i>2</i> | <i>112</i> | <i>02</i> | <i>001</i> | <i>03</i> | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 317 License *NY 8716-TV* Work Order # *77390**Trailer # 26* License *NY H-79392* Code # *3146 A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|---|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED <i>11 09 82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11 10 82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>Gamer Carley</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>9A098</i> | DATE RECEIVED <i>11 09 82</i> Mo. Day Yr. |

COPY 1 Disposal State—Mailed by Generator

Tear at this Perforation

To Be TYPED by Generator

See cover sheet
for instructions

EASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230028 3

Part A:

| | | |
|---|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NY01040159436</i> |
| SITE ADDRESS <i>37-80 Revere Avenue Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp.</i> | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NY01051809952</i> |
| SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|--|--------------------------------|------------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NY01049836679</i> |
| SITE ADDRESS <i>1550 Bolmer Road Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300283

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| 1. Polychlorinated Biphenyls (PCB-contaminated, Solidified Sludge) | ORM-E | UN2315 | 04 | 1202 | 001 | 03 | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 763-2 License # PA CZ-26962 Work Order # 77389

Trailer # 3415 License # PA TG-72975 Code # 3146A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|---|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> | DATE SHIPPED <i>11 09 82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11 10 82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE <i>[Signature]</i> To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest. | TRANSPORTER NO. 1 PERMIT NUMBER <i>PA098</i> | DATE RECEIVED <i>11 09 82</i> Mo. Day Yr. |

COPY 1 Disposal State—Mailed by Generator

Tear at this Perforation

To Be TYPED by Generator

See cover sheet
instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

PLEASE TYPE

Part A:

DOCUMENT NO. NY 230029 2

| | | |
|---|--------------------------------|-------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NY400910159436</i> |
| SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i> | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NY400518109952</i> |
| SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|--|--------------------------------|------------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NY40049836679</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300292

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|---------------|-----------|--------------|-------|------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| <i>Polychlorinated Biphenyls</i> | <i>ORM-E</i> | <i>UN2315</i> | <i>04</i> | <i>1202</i> | | <i>001</i> | <i>03</i> | | |
| <i>PCB-Contaminated, Solidified Sludge</i> | | | | | | | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor #6564 License #NY 5424-TX Work Order #77388

Trailer #6560 License #NY M-50316 Code #3146A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|---|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> | DATE SHIPPED <i>11/09/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conform with the description on this manifest." <i>[Signature]</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>9409811</i> | DATE RECEIVED <i>11/10/82</i> Mo. Day Yr. |

COPY 1 Disposal State—Mailed by Generator

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See cover sheet
for instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

EASE TYPE

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 2300301

| | | | |
|---|--|--------------------------------|-------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD00901519436</i> |
| SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i> | | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp.</i> | | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NYD0051809952</i> |
| SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i> | | | |
| TRANSPORTER NO. 2 | | PHONE | |
| SITE ADDRESS | | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NYD0049836629</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | | |
| THIS FORM IS NO. <i>1</i> OF A TOTAL OF <i>1</i> THE FIRST MANIFEST DOCUMENT NO. IS NY <i>2300301</i> | | | |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|-------|--------|---|-------|-----|----|-----|-----|----|----|
| | | | | | | | | | | | |
| 1 | Polychlorinated Biphenyls (PCB-contaminated, Solidified Sludge) | ORM-E | UN2315 | 2 | 11202 | 001 | 03 | N/A | N/A | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 9716 License # PA CJ-42848 Work Order # 77387

Tractor # 9025 License # PA TG-28166 Code # 3146A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

Mo. Day Yr.
11 09 82

EXPECTED ARRIVAL DATE

Mo. Day Yr.
11 10 82

TRANSPORTER NO. 1 SIGNATURE To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest.

TRANSPORTER NO. 1
PERMIT NUMBER

740913

DATE RECEIVED

Mo. Day Yr.
11 09 82

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instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230046 3

| | | |
|---|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD0040159436</i> |
| SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp.</i> | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NYD0051809952</i> |
| SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NYD0049836679</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300463

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|--|------------------------|-----------------|----------|-----------------|-------|------------|-----------|--------------------|-------------------|
| | | | | | | NO. | TYPE | | |
| <i>Polychlorinated Biphenyls (PCB-contaminated, Solidified Sludge)</i> | <i>ORM-E</i> | <i>UN231502</i> | <i>4</i> | <i>1202</i> | | <i>001</i> | <i>03</i> | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 10-40**License # PA CU-56074**Work Order # 77386**Trailer # 10-40 A**License # PA T6-94606**Code # 3146 A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

| | | |
|-----------|-----------|-----------|
| <i>11</i> | <i>09</i> | <i>82</i> |
| Mo. | Day | Yr. |

EXPECTED ARRIVAL DATE

| | | |
|-----------|-----------|-----------|
| <i>11</i> | <i>10</i> | <i>82</i> |
| Mo. | Day | Yr. |

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on the manifest"

TRANSPORTER NO. 1
PERMIT NUMBER*PA098*

DATE RECEIVED

| | | |
|-----------|-----------|-----------|
| <i>11</i> | <i>19</i> | <i>82</i> |
| Mo. | Day | Yr. |

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instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230027

| | | |
|--|--------------------------------|---------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NY1001Y101591436</i> |
| SITE ADDRESS <i>37-80 Revere Avenue, Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp.</i> | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NY1005181099152</i> |
| SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|--|--------------------------------|--------------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NY1004983166719</i> |
| SITE ADDRESS <i>1550 Balmer Road, Model City New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300274

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|---------------|-----------|--------------|-----------|------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| <i>Polychlorinated Biphenyls (PCB-Contaminated, Solidified Sludge)</i> | <i>ORM-E</i> | <i>UN2315</i> | <i>01</i> | <i>112</i> | <i>02</i> | <i>001</i> | <i>03</i> | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 316 License # NY 8704-TV Work Order # 77385

Trailer # 25 License # NY A-90186 Code # 3146 A

GENERATOR'S CERTIFICATION This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|--|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED <i>11/09/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>9A098</i> | DATE RECEIVED <i>11/09/82</i> Mo. Day Yr. |

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PLEASE TYPE

 STATE OF NEW YORK
 DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230034 6

Part A:

| | | |
|---|--------------------------------|-----------------------------------|
| GENERATOR NAME <i>New York City Dept of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NY0046159436</i> |
| SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i> | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NY0051809952</i> |
| SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|--|--------------------------------|-----------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NY0049836679</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300346

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS NO. | TYPE | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|---------------|-----------|--------------|-----------|----------------|-----------|--------------|----------------|
| <i>Polychlorinated B. phenyls</i> <i>(PCB - Contaminated Solidified Sludge)</i> | <i>ORM-E</i> | <i>UN2315</i> | <i>HA</i> | <i>112</i> | <i>02</i> | <i>001</i> | <i>03</i> | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 7 License # PA CV-28243 Work Order # 77379

Trailer # 5 License # PATF-12864 Code # 3146 A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|--|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> | DATE SHIPPED <i>11/09/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>94098</i> | DATE RECEIVED Mo. Day Yr. |

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instructions

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

PLEASE TYPE

Part A:

DOCUMENT NO. NY 230064 3

| | | |
|---|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD0490158436</i> |
| SITE ADDRESS <i>37-80 Revere Avenue Long Island City New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Rt R Sanitation</i> | PHONE <i>(201)-538-2082</i> | EPA ID NO. <i>NJD064265838</i> |
| SITE ADDRESS <i>Cabin Road, Box 518, Mt. Freedom New Jersey</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NYD049836679</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |
| THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300643</u> | | |

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|----------------------------------|---------------------|-----------------|------|--------------|-----------|------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| <i>Polychlorinated Biphenyls</i> | <i>ORM-E</i> | <i>UN231504</i> | | <i>14</i> | <i>02</i> | <i>001</i> | <i>03</i> | <i>NA</i> | <i>NA</i> |
| <i>(PCB-contaminated)</i> | | | | | | | | | |
| <i>2 Solidified sludge</i> | | | | | | | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 61 License # NJ XWX-53N Work Order # 77442

Trailer # 637 License # NJ TN-888H Code # 3146-A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|--|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> | DATE SHIPPED <i>11/11/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>JAD31</i> | DATE RECEIVED <i>11/11/82</i> Mo. Day Yr. |

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instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

PLEASE TYPE

Part A:

DOCUMENT NO. NY 230010 3

| | | |
|---|--------------------------------|--------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD040V59436</i> |
| SITE ADDRESS <i>37-80 Review Avenue, Long Island City New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>R+R Sanitation</i> | PHONE <i>(201)-538-2082</i> | EPA ID NO. <i>WJ1001614265838</i> |
| SITE ADDRESS <i>Calais Road, Box 518, Mt. Freedom New Jersey</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|--|--------------------------------|-------------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NYD00498346719</i> |
| SITE ADDRESS <i>1550 Balmer Road, Maser City New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS

NY 2300103

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|---|---------------------|---------------|-----------|--------------|-----------|------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| <i>Polychlorinated Biphenyls (PCB-contaminated) Solidified Sludge</i> | <i>ORM-E</i> | <i>UN2315</i> | <i>04</i> | <i>14</i> | <i>02</i> | <i>001</i> | <i>03</i> | <i>NA</i> | <i>NA</i> |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Trailer # 79

License # NJ XLK-410

Work Order # 77441

Tractor # 623

License # NJ THO-777

Code # 3146-A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|--|--|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED <i>11/11/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>JA031111</i> | DATE RECEIVED <i>11/11/82</i> Mo. Day Yr. |

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for instructions

PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230065 2

| | | |
|--|--------------------------------|-------------------------------------|
| GENERATOR NAME <i>New York City Dept of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NY100410159436</i> |
| SITE ADDRESS <i>37-80 Review Avenue, Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>R+R Sanitation</i> | PHONE <i>(201)-538-2082</i> | EPA ID NO. <i>NJ10064265838</i> |
| SITE ADDRESS <i>Calais Road Box 518 Mt. Freedom, New Jersey</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NY10049836679</i> |
| SITE ADDRESS <i>1550 Balmer Road, Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS

NY 2300652

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|---|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| 1 Polychlorinated Biphenyls (PCB - Contaminated) | ORM-E | UN2315 | 04 | 114 | 02 | 001 | 03 | NA | NA |
| 2 Solidified Sludge | | | | | | | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 5 License # NJ ANX-29V Work Order # 77440

Trailer # 25 License # NJ TS-867R Code # 3146-A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11/11/82
Mo. Day Yr.

EXPECTED ARRIVAL DATE

11/12/82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the criteria on this manifest."

TRANSPORTER NO. 1
PERMIT NUMBER

JAD3111

DATE RECEIVED

11/11/82
Mo. Day Yr.

COPY 1 Disposal State-Mailed by Generator

Tear at this Perforation

To Be TYPED by Generator

48-14-1 (4/81)

Use cover sheet
for instructions

PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230066 1

Part A:

| | | |
|---|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept of Environmental Protection (212)-361-2424</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD0040V59436</i> |
| SITE ADDRESS <i>37-80 Revere Avenue, Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>R & R Sanitation</i> | PHONE <i>(201)-538-2082</i> | EPA ID NO. <i>NYD0064265838</i> |
| SITE ADDRESS <i>Cakia Road, Box 518, Mt. Freedom, New Jersey</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NYD0049836679</i> |
| SITE ADDRESS <i>1550 Balmer Road, Model City, New York 14107</i> | | |
| THIS FORM IS NO. <i>1</i> OF A TOTAL OF <i>1</i> THE FIRST MANIFEST DOCUMENT NO. IS NY <i>2300661</i> | | |

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| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS NO. | TYPE | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|--------------|------|--------------|-------|----------------|------|--------------|----------------|
| 1 Polychlorinated Biphenyls (PCB-contaminated solidified sludge) | ORM-E | UN2815 | 04 | 14 | 02 | 001 | 03 | NA | NA |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Trailer #2-A License #TY-7754 Work Order #77432

Tractor #2 License #NJXPU-90X Code #3146-A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|---|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED <i>11/11/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>Fred Weber</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>TA031</i> | DATE RECEIVED <i>11/11/82</i> Mo. Day Yr. |

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instructions
PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230045 4

Part A:

| GENERATOR NAME <i>New York City Dept of Environmental Protection</i> | | PHONE <i>(212)-361-2424</i> | | EPA ID NO. <i>NYD00910159136</i> | | | | | |
|---|---------------------|--------------------------------|-----------|--|-----------|---|-----------|---|----------------|
| SITE ADDRESS <i>37-80 Review Avenue, Long Island City, New York 11101</i> | | | | | | | | | |
| TRANSPORTER NO. 1 <i>R+R Sanitation</i> | | PHONE <i>(201) 895-2082</i> | | EPA ID NO. <i>MTD0064265838</i> | | | | | |
| SITE ADDRESS <i>Road # 4 Randolph, New Jersey</i> | | | | | | | | | |
| TRANSPORTER NO. 2 | | PHONE | | EPA ID NO. | | | | | |
| SITE ADDRESS | | | | | | | | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | | PHONE <i>(716)-754-8231</i> | | EPA ID NO. <i>NYD00498366719</i> | | | | | |
| SITE ADDRESS <i>1550 Balmer Road, Mabel City, New York 14107</i> | | | | | | | | | |
| THIS FORM IS NO. <i>1</i> OF A TOTAL OF <i>1</i> THE FIRST MANIFEST DOCUMENT NO. IS NY <i>2360454</i> | | | | | | | | | |
| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS NO. | TYPE | EPA HAZ CODE | EPA WASTE TYPE |
| <i>Polychlorinated Biphenyls (PCB-contaminated, Solidified Sludge)</i> | <i>ORM-E</i> | <i>UN2315</i> | <i>02</i> | <i>112</i> | <i>02</i> | <i>001</i> | <i>03</i> | <i>NA</i> | <i>NA</i> |
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| SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED) <i>Tractor # K5-1 License # NJ XUV-80V Work Order # 77431</i> | | | | | | | | | |
| <i>Trailer # 28 License # NJ T2-360J Code # 3146A</i> | | | | | | | | | |
| GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct. | | | | DATE SHIPPED <i>11/11/82</i> Mo. Day Yr. | | EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr. | | | |
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | | | | TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i> | | TRANSPORTER NO. 1 PERMIT NUMBER <i>JAD3111</i> | | DATE RECEIVED <i>11/11/82</i> Mo. Day Yr. | |

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To Be TYPED by Generator

See cover sheet
for instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

BASE TYPE

Part A:

DOCUMENT NO. NY 230050 8

| | | |
|---|--------------------------------|-------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NY D0040159436</i> |
| SITE ADDRESS <i>37-80 Revere Avenue Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i> | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NY D0051809952</i> |
| SITE ADDRESS <i>2445 Allen Avenue Niagara Falls New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NY D0049836679</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |
| THIS FORM IS NO. <i>1</i> OF A TOTAL OF <i>1</i> THE FIRST MANIFEST DOCUMENT NO. IS NY <i>2300508</i> | | |

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|---------------|-----------|--------------|-----------|------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| 1 <i>Polychlorinated B. phenyls PCB-contaminated (Solidified Sludge)</i> | <i>ORM-E</i> | <i>UN2315</i> | <i>04</i> | <i>19</i> | <i>02</i> | <i>001</i> | <i>03</i> | <i>NA</i> | <i>NA</i> |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 315 License # NY 8702-TV Work Order # 77500**Trailer # 6565 License # NY S-60105 Code # 3146 A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|--|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED <i>11/11/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>9A098</i> | DATE RECEIVED <i>11/11/82</i> Mo. Day Yr. |

COPY 1 Disposal State—Mailed by Generator

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| DEL | WV | PA | W. VA. |
| ILL | MICH. | RI | WISC |
| IND. | MINN. | | |

To Be TYPED by Generator

See cover sheet
for instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

EASE TYPE

Part A:

DOCUMENT NO. NY 230041 8

| | | |
|--|--------------------------------|-----------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD040159436</i> |
| SITE ADDRESS <i>37-80 Revere Avenue Long Island City, New York</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i> | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NYD051808952</i> |
| SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | | |
| SITE ADDRESS | | |

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| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NYD0649836679</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300418

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|---|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| 1. Polychlorinated Biphenyls (CB Contaminated Solidified Sludge) | ORM-E | UN2315 | 04 | 11 | 02 | 001 | 03 | HA | HA |
| 3 | | | | | | | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 10-60 License # Ohio 152-970 Work Order # 77444

Trailer # 10-60A License # Ohio 335-F13 Code # 3146 A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|--|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED <i>11/11/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>Frank Hansen 1060</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>PA098</i> | DATE RECEIVED <i>11/11/82</i> Mo. Day Yr. |

COPY 1 Disposal State-Mailed by Generator

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| IND | MINN. | R.I. | WISC. |
| KY. | N.J. | TENN. | ONT. |

To Be TYPED by Generator

See cover sheet
instructions

PLEASE TYPE

Part A:

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230062 5

| | | |
|---|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD0040V59436</i> |
| SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i> | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NYD0051804952</i> |
| SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|--|--------------------------------|------------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NYD0049836679</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300625

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|---|---------------------|-------------------|------|--------------|-----------|------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| <i>Polychlorinated B. phenyls</i> <i>(PCB-contaminated, solidified sludge)</i> | <i>ORM-E</i> | <i>UN 2315 04</i> | | <i>14</i> | <i>02</i> | <i>001</i> | <i>03</i> | <i>NA</i> | <i>NA</i> |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 7 License # PA CU-28245 Work Order # 77443

Trailer # 5 License # PA TF12864 Code # 3146-A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|---|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> | DATE SHIPPED <i>11/11/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE <i>[Signature]</i> To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest. | TRANSPORTER NO. 1 PERMIT NUMBER <i>9A098</i> | DATE RECEIVED <i>11/11/82</i> Mo. Day Yr. |

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To Be TYPED by Generator

See cover sheet
for instructionSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 2300517

Part A:

| | | |
|---|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD0046158936</i> |
| SITE ADDRESS <i>37-80 REVIEW AVENUE Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i> | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NYD0051809952</i> |
| SITE ADDRESS <i>2445 ALLEN AVENUE Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|---|--------------------------------|------------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NYD0048830679</i> |
| SITE ADDRESS <i>1550 BALMER ROAD Melville City, New York 11707</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300517

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|--|------------------------|------------------|------|-----------------|-----------|------------|-----------|--------------------|-------------------|
| | | | | | | NO. | TYPE | | |
| <i>1 Polychlorinated Biphenyls PCB-contaminated, Solidified-Sludge</i> | <i>ORM-K</i> | <i>UN2815 04</i> | | <i>14</i> | <i>02</i> | <i>001</i> | <i>03</i> | <i>HA</i> | <i>HA</i> |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 6564 License # NY 5424-TX Work Order # 77439**Trailer # 6560 License # NY M-50316 Code # 3146-A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|--|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED <i>11/11/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>94098</i> | DATE RECEIVED <i>11/11/82</i> Mo. Day Yr. |

COPY 1 Disposal State—Mailed by Generator

Tear at this Perforation

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| IND. | MINN. | R.I. | WISC. |
| KY. | N.J. | TENN. | ONT. |

To Be TYPED by Generator

See cover sheet
instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

PLEASE TYPE

Part A:

DOCUMENT NO. NY 230054 4

| | | | | | | | | | |
|---|---------------------|--------------------------------|-----------|---|-----------|---|-----------|--------------|----------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | | PHONE <i>(212)-361-2424</i> | | EPA ID NO. <i>NYD040159436</i> | | | | | |
| SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i> | | | | | | | | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i> | | PHONE <i>(800)-462-2121</i> | | EPA ID NO. <i>NYD051809952</i> | | | | | |
| SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i> | | | | | | | | | |
| TRANSPORTER NO. 2 | | PHONE | | | | | | | |
| SITE ADDRESS | | | | | | | | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | | PHONE <i>(716)-754-8231</i> | | EPA ID NO. <i>NYD049836679</i> | | | | | |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | | | | | | | | |
| THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300544</u> | | | | | | | | | |
| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS NO. | TYPE | EPA HAZ CODE | EPA WASTE TYPE |
| <i>Polychlorinated Biphenyls (PCB-Contaminated) (Solidified Sludge)</i> | <i>ORM-E</i> | <i>UN2315</i> | <i>04</i> | <i>19</i> | <i>02</i> | <i>001</i> | <i>03</i> | <i>NA</i> | <i>NA</i> |
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| SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED) <i>Tractor # 316 License # NY 8704-TV Work Order # 77438</i> <i>Trailer # 25 License # NY A-90186 Code # 3146-A</i> | | | | | | | | | |
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | | | | DATE SHIPPED <i>11/11/82</i> Mo. Day Yr. | | EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr. | | | |
| TRANSPORTER NO. 1 SIGNATURE <i>[Signature]</i> To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest. | | | | TRANSPORTER NO. 1 PERMIT NUMBER <i>94098</i> | | DATE RECEIVED <i>11/11/82</i> Mo. Day Yr. | | | |

COPY 1 Disposal State—Mailed by Generator

Tear at this Perforation

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| IND. | MINN. | R.I. | WISC. |
| KY. | N.J. | TENN. | ONT. |

To Be TYPED by Generator

See cover sheet
instructions

PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230055 3

| | | |
|--|--------------------------------|--------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD00961594316</i> |
| SITE ADDRESS <i>37-80 Review Avenue, Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i> | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NYD105118099562</i> |
| SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NYD0099836679</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |
| THIS FORM IS NO. <i>1</i> OF A TOTAL OF <i>1</i> THE FIRST MANIFEST DOCUMENT NO. IS NY <i>2310105531</i> | | |

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|---------------|-----------|--------------|-----------|------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| <i>Polychlorinated Biphenyls</i> <i>(PCB-contaminated, Solidified Sludge)</i> | <i>ORME</i> | <i>UN2315</i> | <i>04</i> | <i>114</i> | <i>02</i> | <i>001</i> | <i>03</i> | <i>HA</i> | <i>HA</i> |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 6566**License # NY 5426-TX**Work Order # 77437**Trailer # 6563**License # NY R-59793**Code # 3146-A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

| | | |
|-----|-----|-----|
| 11 | 11 | 82 |
| Mo. | Day | Yr. |

EXPECTED ARRIVAL DATE

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| 11 | 12 | 82 |
| Mo. | Day | Yr. |

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 1 PERMIT NUMBER

940918

DATE RECEIVED

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| 11 | 11 | 82 |
| Mo. | Day | Yr. |

COPY 1 Disposal State-Mailed by Generator

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| IND. | MINN. | R.I. | WISC. |
| KY. | N.J. | TENN. | ONT. |

To Be TYPED by Generator

See cover sheet
Instructions
PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230061 6

| | | |
|---|--------------------------------|-------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD09101519436</i> |
| SITE ADDRESS <i>37-80 Review Avenue, Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i> | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NYD051809952</i> |
| SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NYD049836679</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |
| THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300616</u> | | |

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS NO. | TYPE | EPA HAZ CODE | EPA WASTE TYPE |
|---|---------------------|--------------|------|--------------|-------|----------------|------|--------------|----------------|
| Polychlorinated B. phenyls (PCB-contaminated) Solidified Sludge | ORM-E | 01231504 | | 114 | 02 | 001 | 03 | NA | NA |
| 2 | | | | | | | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # H1 License # NY 9790 TU Work Order # 77436

Trailer # H2 License # NY M-54680 Code # 3146-A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|---|---|--|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED 11/11/82 Mo. Day Yr. | EXPECTED ARRIVAL DATE 11/12/82 Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>Larry Haly</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>9A098</i> | DATE RECEIVED 11/11/82 Mo. Day Yr. |

COPY 1 Disposal State-Mailed by Generator

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To Be TYPED by Generator

See cover sheet
instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 2300607

| | | |
|--|--------------------------------|-----------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD040159436</i> |
| SITE ADDRESS <i>37-80 Review Avenue, Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp.</i> | PHONE <i>(800)-462-2121</i> | <i>NYD0051809952</i> |
| SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | <i>NYD049836679</i> |
| SITE ADDRESS <i>1550 Balmer Road, Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300607

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|---------------|-----------|--------------|-----------|------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| <i>Polychlorinated Biphenyls</i> | <i>ORM-E</i> | <i>UN2315</i> | <i>04</i> | <i>114</i> | <i>ea</i> | <i>001</i> | <i>03</i> | <i>NA</i> | <i>NA</i> |
| <i>(PCB-Contaminated, Solidified Sludge)</i> | | | | | | | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 317 License # NY 8716-TV Work Order # 77435**Trailer # 26 License # NY H-79392 Code # 3146-A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11/11/82
Mo. Day Yr.

EXPECTED ARRIVAL DATE

11/12/82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest.

TRANSPORTER NO. 1 PERMIT NUMBER

9A098

DATE RECEIVED

11/11/82
Mo. Day Yr.

COPY 1 Disposal State—Mailed by Generator

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To Be TYPED by Generator

See cover sheet
instructions

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

Part A:

WASTE MANIFEST
HAZARDOUS DOC

DOCUMENT NO

| GENERATOR NAME | PHONE | UNIT NO. |
|--|-------------------------|----------------|
| New York City Dept of Environmental Protection SITE ADDRESS 37-80 Buxton Avenue Long Island City, New York 11101 | (212)-361-2424 | NYD00100159430 |
| TRANSPORTER NO. 1 S-J Transportation SITE ADDRESS Box 91 Woodstown, New Jersey | PHONE (609)-769-2741 | NYD0071627970 |
| TRANSPORTER NO. 2 SITE ADDRESS | PHONE | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY Rollins Environmental Services, Inc. SITE ADDRESS Box 609 Deer Park Texas | PHONE (713)-479-0001 | NYD0035141325 |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS

NY 296 253 8

[illegible]

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 1026



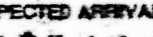
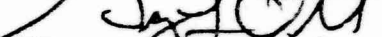

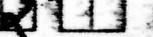
HAVE TO BE MANIFESTED)
L. 2024 # 105 XUV 405

Accompanying Texas
Minister # 00552409

Triller # 1770

License # NJ 659 TFW

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct. HAZARDOUS

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|---|--|---|---|
| GENERATOR'S SIGNATURE  Please type name also | | DATE SHIPPED  Mo. Day Yr. | EXPECTED ARRIVAL DATE  Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."  | | TRANSPORTER NO. 1 PERMIT NUMBER  | DATE RECEIVED  Mo. Day Yr. |

COPY 1 Disposal State—Mailed by Generator

Year at this Partition

To Be TYPED by Generator

cover sheet
instructions

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230025 6

PLEASE TYPE

Part A:

| | | |
|---|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-301-2424</i> | EPA ID NO. <i>NY10040159436</i> |
| SITE ADDRESS <i>37-80 Review Avenue, Long Island City New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>R + R Sanitation</i> | PHONE <i>(201)-895-2082</i> | EPA ID NO. <i>NY10069265838</i> |
| SITE ADDRESS <i>Road # 4 Randolph, New Jersey</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NY10049836679</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS

NY 231002516

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|----------------------------------|---------------------|---------------|-----------|--------------|-----------|-------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| <i>Polychlorinated Biphenyls</i> | <i>ORM-E</i> | <i>UN2315</i> | <i>06</i> | <i>112</i> | <i>02</i> | <i>0011</i> | <i>03</i> | | |
| <i>(PCB-Contaminated)</i> | | | | | | | | | |
| <i>2 Solidified Sludge</i> | | | | | | | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # K5-1**License # NJ XUV-80V**Work Order # 77384**Trailer # 28**License # NJ T2-360J Code # 3146A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

DATE SHIPPED

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EXPECTED ARRIVAL DATE

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Please type name also

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the information on this manifest."

TRANSPORTER NO. 1 PERMIT NUMBER

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DATE RECEIVED

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To Be TYPED by Generator

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See cover sheet
for instructions

PLEASE TYPE

Part A:

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230036 4

| | | | |
|---|--|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Resources</i> | | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD040139436</i> |
| SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i> | | | |
| TRANSPORTER NO. 1 <i>R+R Sanitation</i> | | PHONE <i>(201)-895-2082</i> | EPA ID NO. <i>NJ01064265838</i> |
| SITE ADDRESS <i>Road # 4 Randolph, New Jersey</i> | | | |
| TRANSPORTER NO. 2 | | PHONE | |
| SITE ADDRESS | | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NYD049836679</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | | |
| THIS FORM IS NO. <i>1</i> OF A TOTAL OF <i>1</i> THE FIRST MANIFEST DOCUMENT NO. IS NY <i>2300364</i> | | | |

To Be TYPED by Generator

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS NO. | TYPE | EPA HAZ CODE | EPA WASTE TYPE |
|---|---------------------|---------------|-----------|--------------|-----------|----------------|-----------|--------------|----------------|
| 1 <i>Polychlorinated Biphenyls (PCB Contaminated Solidified Sludge)</i> | <i>ORM-E</i> | <i>UN2315</i> | <i>02</i> | <i>12</i> | <i>02</i> | <i>001</i> | <i>03</i> | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 1

License # NJ XWX-53N Work Order # 77383

Trailer # 1-A

License # NJ T66166 Code # 3146 A Bl # 44-301

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | | |
|---|--|--|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | | DATE SHIPPED <i>11/09/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>Ray E. [Signature]</i> | | TRANSPORTER NO. 1 PERMIT NUMBER <i>B-3745C4</i> | DATE RECEIVED <i>11/09/82</i> Mo. Day Yr. |

COPY 1 Disposal State—Mailed by Generator

Tear at this Perforation

See cover sheet
InstructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

PLEASE TYPE

Part A:

DOCUMENT NO. NY 230037 3

| | | |
|--|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NY D040V58436</i> |
| SITE ADDRESS <i>37-80 Review Avenue, Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>R+R Sanitation</i> | PHONE <i>(201)-895-2082</i> | EPA ID NO. <i>MTD064265838</i> |
| SITE ADDRESS <i>Road # 4 Randolph, New Jersey</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|---|--------------------------------|------------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NYD0049836678</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |
| THIS FORM IS NO. <i>1</i> OF A TOTAL OF <i>1</i> THE FIRST MANIFEST DOCUMENT NO. IS NY <i>2300373</i> | | |

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|---------------|-----------|--------------|----------|------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| <i>Polychlorinated Biphenyls (PCB-contaminated, solidified sludge)</i> | <i>ORM-E</i> | <i>UN2315</i> | <i>04</i> | <i>1</i> | <i>2</i> | <i>001</i> | <i>03</i> | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 32 License # NJ XB-28FN Work Order # 77382**Tractor # 14 License # NJ TN-888H Code # 3146A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|---|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED <i>11/09/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE <i>[Signature]</i> To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest. | TRANSPORTER NO. 1 PERMIT NUMBER <i>2151123</i> | DATE RECEIVED <i>11/09/82</i> Mo. Day Yr. |

COPY 1 Disposal State-Mailed by Generator

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To Be TYPED by Generator

See cover sheet
instructions

PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230035 5

| | | |
|---|--------------------------------|--------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD014015194316</i> |
| SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>R + R Sanitation</i> | PHONE <i>(201)-895-2082</i> | EPA ID NO. <i>WJDA0640265838</i> |
| SITE ADDRESS <i>Road # 4 Randolph, New Jersey</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NYD0149836679</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS

NY 230035 5

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|---|---------------------|---------------|-----------|--------------|-----------|------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| <i>Polychlorinated Biphenyls (PCB-contaminated) Solidified Sludge</i> | <i>ORM-K</i> | <i>UN2315</i> | <i>02</i> | <i>12</i> | <i>02</i> | <i>001</i> | <i>03</i> | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 2 License # NJ XPU-90X Work Order # 77381**Tractor # 2-A License # NJ TY-775U Code # 3146A BL # 44301*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|---|--|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED <i>11/09/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>Lied Weber</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>454756</i> | DATE RECEIVED <i>11/09/82</i> Mo. Day Yr. |

COPY 1 Disposal State—Mailed by Generator

Tear at this Perforation

To Be TYPED by Generator

48-14-1 (4/81)

See cover sheet
for instructions

PLEASE TYPE

Part A:

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230047 2

| | | |
|---|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>WYD0410159436</i> |
| SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>R+R Sanitation</i> | PHONE <i>(201)-895-2082</i> | EPA ID NO. <i>WJD064265838</i> |
| SITE ADDRESS <i>Road # 4 Randolph, New Jersey</i> | | |
| TRANSPORTER NO. 2 | | |
| SITE ADDRESS | | |

| | | |
|--|--------------------------------|------------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>WYD0498366719</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300472

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|---|---------------------|---------------|-----------|--------------|-----------|------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| <i>Polychlorinated Biphenyls (PCB-contaminated Solidified Sludge)</i> | <i>ORM-E</i> | <i>UN2315</i> | <i>04</i> | <i>12</i> | <i>02</i> | <i>001</i> | <i>03</i> | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor # 36 License # NJ-X4C 87H Work Order # 77380**Trailer # D-3 License # NJ T2-4421 Code # 3146A BL # 44-301*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

11/09/82
Mo. Day Yr.

EXPECTED ARRIVAL DATE

11/10/82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 1
PERMIT NUMBER*317451CH*

DATE RECEIVED

11/09/82
Mo. Day Yr.

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cover sheet
for instructions

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

PLEASE TYPE

Part A:

DOCUMENT NO. NY 2300427

| | | |
|---|--------------------------------|-----------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD040159436</i> |
| SITE ADDRESS <i>37-80 Review Avenue Long Island City New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>R+R Sanitation</i> | PHONE <i></i> | <i>NYD064265838</i> |
| SITE ADDRESS <i>Calais Road Box 518 Mt. Freedom New Jersey 07890</i> | | |
| TRANSPORTER NO. 2 <i></i> | PHONE <i></i> | |
| SITE ADDRESS <i></i> | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(201)-465-9100</i> | <i>NYD089216790</i> |
| SITE ADDRESS <i>100 Lister Avenue Newark, New Jersey 07105</i> | | |
| THIS FORM IS NO. <i>1</i> OF A TOTAL OF <i>1</i> THE FIRST MANIFEST DOCUMENT NO. IS NY <i>2300427</i> | | |

To Be TYPED by Generator

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS NO. | TYPE | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|---------------|-----------|--------------|-----------|----------------|-----------|--------------|----------------|
| 1 <i>Cyanide Solution NQS.</i> | <i>Poison B</i> | <i>UN1935</i> | <i>01</i> | <i>1600</i> | <i>01</i> | <i>001</i> | <i>02</i> | <i>E</i> | <i>P030</i> |
| 2 <i>(In Caustic Sodium Hydroxide)</i> | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # *R-1*License # *NJ XWJ-40V*Work Order # *-7002 N*Trailer # *70*License # *NJ TX-9864*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|--|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED <i>11/10/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>TA03111</i> | DATE RECEIVED <i>11/10/82</i> Mo. Day Yr. |

COPY 1 Disposal State—Mailed by Generator

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See cover sheet
instructions

PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

Part A:

DOCUMENT NO. NY 230043 6

| | | | |
|---|--|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD0540159436</i> |
| SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i> | | | |
| TRANSPORTER NO. 1 <i>R + R Sanitation</i> | | PHONE <i>(201)-538-2082</i> | EPA ID NO. <i>NYD0064265838</i> |
| SITE ADDRESS <i>Calais Road Box 518 Mt. Freedom, New Jersey 07890</i> | | | |
| TRANSPORTER NO. 2 | | PHONE | |
| SITE ADDRESS | | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | | PHONE <i>(201)-465-9100</i> | EPA ID NO. <i>NYD0089216790</i> |
| SITE ADDRESS <i>100 Lister Avenue Newark, New Jersey 07105</i> | | | |
| THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300436</u> | | | |

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS NO. | TYPE | EPA HAZ CODE | EPA WASTE TYPE |
|--------------------------------------|---------------------|---------------|-----------|--------------|-----------|----------------|-----------|--------------|----------------|
| <i>Cyanide Solution NOS</i> | <i>Poison B</i> | <i>UN1935</i> | <i>01</i> | <i>5000</i> | <i>01</i> | <i>001</i> | <i>02</i> | <i>E</i> | <i>P030</i> |
| <i>(In Caustic Sodium Hydroxide)</i> | | | | | | | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 102 License # XMH-47C NJ Work Order # 7002 N

Trailer # 57 License # NJ TP-615D

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | | | | |
|--|--|--|--|--|--|
| GENERATOR'S SIGNATURE <i>[Signature]</i> | | DATE SHIPPED <i>11/10/82</i> | | EXPECTED ARRIVAL DATE <i>11/10/82</i> | |
| Please type name also | | Mo. Day Yr. | | Mo. Day Yr. | |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i> | | TRANSPORTER NO. 1 PERMIT NUMBER <i>J14031</i> | | DATE RECEIVED <i>11/10/82</i> | |
| | | Mo. Day Yr. | | Mo. Day Yr. | |

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for instructions

PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230032 8

Part A:

| | | |
|--|--------------------------------|-----------------------------------|
| GENERATOR NAME <i>New York City Dept of Environmental Protection</i> | PHONE <i>(212) 361-2424</i> | EPA ID NO. <i>NY0040159436</i> |
| SITE ADDRESS <i>37-80 REVIEW AVENUE Long Island City, New York, 11101</i> | | |
| TRANSPORTER NO. 1 <i>R & R Sanitation</i> | PHONE <i>(201)-538-2082</i> | EPA ID NO. <i>NJ0064265838</i> |
| SITE ADDRESS <i>Calais Road, Box 518, Mt Freedom, New Jersey 07890</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|--|--------------------------------|-----------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(201)-465-9100</i> | EPA ID NO. <i>NJ0089216790</i> |
| SITE ADDRESS <i>100 Lister Avenue Newark, New Jersey 07105</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300328

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|---------------------------------------|---------------------|---------------|-----------|--------------|-----------|------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| <i>Cyanide Solution NDS</i> | <i>Poison B</i> | <i>UN1935</i> | <i>01</i> | <i>3325</i> | <i>01</i> | <i>001</i> | <i>02</i> | <i>F</i> | <i>P030</i> |
| <i>(2nd Caustic Sodium Hydroxide)</i> | | | | | | | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Truck # *34* License # *NJ XUK-84H* Work Order # *7002N*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|--|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED <i>11/10/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>JA031</i> | DATE RECEIVED <i>11/10/82</i> Mo. Day Yr. |

COPY 1 Disposal State—Mailed by Generator

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To Be TYPED by Generator

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for instructions

PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230044 5

Part A:

| | | | |
|---|--|--------------------------------|-------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NY400961591936</i> |
| SITE ADDRESS <i>37-20 Revere Avenue, Long Island City, New York 11101</i> | | | |
| TRANSPORTER NO. 1 <i>R + R Sanitation</i> | | PHONE <i>(201)-895-2082</i> | EPA ID NO. <i>NJ0064265838</i> |
| SITE ADDRESS <i>Road # 4 Randolph, New Jersey 07869</i> | | | |
| TRANSPORTER NO. 2 | | PHONE | |
| SITE ADDRESS | | | |
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NY400498366719</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | | |
| THIS FORM IS NO. <u>1</u> OF A TOTAL OF <u>1</u> THE FIRST MANIFEST DOCUMENT NO. IS NY <u>2300445</u> | | | |

To Be TYPED by Generator

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS NO. | TYPE | EPA HAZ CODE | EPA WASTE TYPE |
|---|---------------------|--------------|------|--------------|-------|----------------|------|--------------|----------------|
| 1 Polychlorinated Biphenyls (PCB-contaminated, solidified sludge) | ORM-E | UN2315 | 02 | 112 | 02 | 112 | 03 | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 79

License # NJ XLK-410

Work Order # 77376

Trailer # 623

License # NJ THO-777

Code # 3146A

BL # 44301

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | | | | |
|--|--|--|--|---|--|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | | DATE SHIPPED <i>11/09/82</i> Mo. Day Yr. | | EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr. | |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i> | | TRANSPORTER NO. 1 PERMIT NUMBER <i>3088AQ</i> | | DATE RECEIVED <i>11/09/82</i> Mo. Day Yr. | |

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See cover sheet
for instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

LEASE TYPE

DOCUMENT NO. NY 230023 8

Part A:

| | | |
|--|--------------------------------|---|
| GENERATOR NAME <i>New York City Department of Environmental Protection (312) 361-2424</i> | PHONE <i>(312) 361-2424</i> | EPA ID NO. <i>W141D0171011594316</i> |
| SITE ADDRESS <i>37-80 Review Avenue, Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>R+R Sanitation</i> | PHONE <i>(201)-895-2082</i> | EPA ID NO. <i>W141D0164265838</i> |
| SITE ADDRESS <i>Rd. # 4 Randolph, New Jersey</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|--|--------------------------------|---------------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>W141D01498366719</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, NY 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300238

| | PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|---|---|---------------------|-----------------|------|--------------|-----------|------------|-----------|--------------|----------------|
| | | | | | | | NO. | TYPE | | |
| 1 | <i>Polychlorinated Biphenyls (PCB-contaminated)</i> | <i>ORM-E</i> | <i>UN331504</i> | | <i>112</i> | <i>02</i> | <i>001</i> | <i>03</i> | | |
| 2 | <i>Solidified Sludge</i> | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 17 License # NJ 8TA84R Work Order # 77378

Tractor # 3 License # NJ 502 TFW Code # 3146 A Bk # 44-301

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|--|--|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED <i>11/09/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/10/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>[Signature]</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>591719</i> | DATE RECEIVED <i>11/09/82</i> Mo. Day Yr. |

COPY 1 Disposal State—Mailed by Generator

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To Be TYPED by Generator

See cover sheet
instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230031 9

Part A:

| | | |
|---|--------------------------------|-------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD0401159436</i> |
| SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>R+R Sanitation</i> | PHONE <i>(201)-895-2082</i> | EPA ID NO. <i>NJ100642165838</i> |
| SITE ADDRESS <i>Road # 4 Randolph, New Jersey</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|--|--------------------------------|-----------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NYD049833679</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS

NY 230031 9

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|---|---------------------|--------------|------|--------------|-------|------------|------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| Polychlorinated Biphenyls (PCB-contaminated, Solidified Sludge) | ORM-E | UN231502 | | 12 | 02 | 001 | 03 | NA | NA |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 5

License # NJ XNX 29U Work Order # 77378

Trailer # 25

License # NJ TS-867R Code # 3146 A BL # 44-301

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

DATE SHIPPED

EXPECTED ARRIVAL DATE

Please type name also

11 10 82
Mo. Day Yr.11 10 82
Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 1
PERMIT NUMBER

DATE RECEIVED

B7450A

Mo. Day Yr.

COPY 1 Disposal State-Mailed by Generator

Tear at this Perforation

To Be TYPED by Generator



TEXAS WASTE SHIPPING-CONTROL TICKET

(Please Type or Print Clearly)

(Satisfies TDWR, TDH, U.S. DOT and U.S. EPA requirements for hazardous or class I waste manifest)

Accompany NY Manifest #296 2534

PART I: To be completed by Generator (see reverse side for instructions)

Company Name New York City Dept. of Environmental Protection
Business Address 51 Astor Place New York, New York
Address From Which Shipment Originates:
37-80 Revere Avenue, Long Island City, New York

TDWR/TDH Registration No. 99999
EPA Gen. # NY 0040159436
Emergency Phone A/C (212) - 361-2424

DESTINATION:

Primary TSD Facility Name Rollins Environmental Services, Inc.
Business Address Box 609 Deer Park, Texas
Destination (Site) Address 2027 Battleground Road Deer Park, Tx
Alternate TSD Facility Name _____
Business Address _____
Destination (Site) Address _____

TDWR/TDH Permit No. 01429
EPA TSD Fac. # TX D055141378
Phone A/C (713) - 479-6001
TDWR/TDH Permit No. _____
EPA TSD Fac. # _____
Phone A/C _____

| 1. US DOT PROPER SHIPPING NAME | 2. US DOT HAZARD CLASS | 3. UN/NA NUMBER | 4. QUANTITY | UNITS* | 5. CONTAINER NO. TYPE | 6. TEXAS WASTE CODE |
|---|------------------------|-----------------|-------------|----------------|-----------------------|--------------------------|
| <u>Waste Polychlorinated Biphenyls - Sludge</u> | <u>ORM-E</u> | <u>4N2315</u> | <u>31</u> | <u>1 2 3 4</u> | <u>NA NA</u> | <u>Sludge - # 151250</u> |
| | | | | <u>1 2 3 4</u> | | |
| | | | | <u>1 2 3 4</u> | | |
| | | | | <u>1 2 3 4</u> | | |
| | | | | <u>1 2 3 4</u> | | |
| | | | | <u>1 2 3 4</u> | | |

* Circle one: (1) tons (2) gallons (3) cubic yards (4) drums (55 gal.)

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, TDWR, and TDH.

Date of Shipment 12/01/82
Sig. of Authorized Agent [Signature]

PART II: To be completed by the Transporter/Driver (see reverse side for instructions)

Transporter S-J Transportation
Business Address Box 91 Woodstown, New Jersey
Phone Number A/C (609) - 269-2741

I certify (or declare) that the materials in the quantities described above are received by me for shipment to the above named destination.

TDWR/TDH Trans. No. _____
EPA Trans. No. NYD071629976
Date Received 12/01/82
Sig. of Authorized Agent [Signature]

PART III: To Be completed by Treatment, Storage and Disposal (TSD) Facility Owner/Operator (see reverse side for instructions)

TSD Facility Name Rollins Environmental Services, (Tx) Inc
Phone Number 713 - 479-8001
Site Address 2027 Battleground Road
TSD Facility Owner/Operator Deer Park, Texas 77536

TDWR/TDH Permit No. 01429
EPA TSD Fac. No. TX D055141378
Date Received 12-8-82

I certify (or declare) that the materials in the quantities described in Part I are received by me.

Sig. of Authorized Agent [Signature]
1508323-47-Van 31-Steel 5/10

See cover sheet
instructions

PLEASE TYPE

Part A:

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 296756 1

| | | |
|--|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept of Environmental Protection (212)-361-2424</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD040139936</i> |
| SITE ADDRESS <i>37-80 Review Avenue Long Island City New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>S-S Transportation</i> | PHONE <i>(609)-769-2741</i> | EPA ID NO. <i>NYD0071629976</i> |
| SITE ADDRESS <i>Box 91 Woodstown, New Jersey 08048</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|---|--------------------------------|-----------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SEA-BRIGHT Environmental Co</i> | PHONE <i>(513)-821-7604</i> | EPA ID NO. <i>KYD106076988</i> |
| SITE ADDRESS <i>106 North Street Wilder, Kentucky</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 296756 1

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|----------------------------------|---------------------|------------------|------|--------------|-----------|------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| <i>Polychlorinated Biphenyls</i> | <i>ORM-E</i> | <i>UN2315 01</i> | | <i>1100</i> | <i>01</i> | <i>020</i> | <i>01</i> | <i>NA</i> | <i>NA</i> |
| <i>contaminated Diesel Fuel</i> | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 1026 license # NJ XUV 405 *Accompanying Kentucky*

Trailer # 1770 license # NJ 659 TFW *Manifest # 1*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of this waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE

Please type name also

DATE SHIPPED

| | | |
|-----------|-----------|-----------|
| Mo. | Day | Yr. |
| <i>12</i> | <i>01</i> | <i>82</i> |

EXPECTED ARRIVAL DATE

| | | |
|-----------|-----------|-----------|
| Mo. | Day | Yr. |
| <i>12</i> | <i>02</i> | <i>82</i> |

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 1
PERMIT NUMBER

DATE RECEIVED

| | | |
|-----------|-----------|-----------|
| Mo. | Day | Yr. |
| <i>12</i> | <i>01</i> | <i>82</i> |

COPY 1 Disposal State—Mailed by Generator

Tear at this Perforation

To Be TYPED by Generator

DIVISION OF HAZARDOUS MATERIAL AND WASTE MANAGEMENT
 Kentucky Department for Natural Resources and Environmental Protection

HAZARDOUS WASTE MANIFEST

Account # NY 2967361
 MANIFEST DOCUMENT NUMBER 211

| IDENTIFICATION INFORMATION | | | | |
|---------------------------------|---------------|--|-------------------------------------|----------------|
| | ID NUMBER | COMPANY NAME | MAILING ADDRESS | TELEPHONE |
| GENERATOR | 140040159436 | New York City Dept of Environmental Protection | 51 Astor Place New York NY 10003 | (212) 512-8977 |
| TRANSPORTER #1 | 1500271629926 | S-J Transportation | 8291 Woodhewer Ave New York NY | 718-2241 |
| TRANSPORTER #2 (if required) | | | | |
| TSDF* | 140106076888 | SEA-BRIGHT Environmental | 106 North Street New York NY | (513) 801-7000 |

| WASTE INFORMATION | | | | | | | |
|-------------------|-------|----|---|----------------|----------|-----------------|------|
| CONTAINER(S) | | HM | DOT SHIPPING NAME, CLASS, & ID NUMBER | TOTAL QUANTITY | WEIGHT | HAZARDOUS WASTE | |
| NO. | TYPE | | | | | NUMBER | CODE |
| 20 | Drums | | Polyethylene Glycol (PEG) 4000 UN 2315 | 1100 gals | 9000 lbs | N/A | 44 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| EMERGENCY INFORMATION | |
|---|---|
| National Response Center 800 - 424 - 8802 Division of Hazardous Material & Waste Management 502 - 564 - 6716 | CHEMTREC 800 - 424 - 9300 Division of Water 502 - 564 - 3410 |

| CERTIFICATIONS | | |
|---|-----------|----------|
| This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, the U.S. Environmental Protection Agency, and the Kentucky Division of Hazardous Material and Waste Management. | | |
| GENERATOR REPRESENTATIVE | SIGNATURE | DATE |
| | | 12/01/92 |
| This is to certify acceptance of the hazardous waste shipment described above. | | |
| TRANSPORTER #1 REPRESENTATIVE | SIGNATURE | DATE |
| | | 12/01/92 |
| TRANSPORTER #2 REPRESENTATIVE | SIGNATURE | DATE |
| | | |
| This is to certify acceptance of the hazardous waste shipment described above for <input type="checkbox"/> treatment <input type="checkbox"/> storage or <input type="checkbox"/> disposal. | | |
| TSDF* REPRESENTATIVE | SIGNATURE | DATE |
| | | |

* Treatment, Storage, or Disposal Facility

See cover sheet
for instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230063

Part A:

| | | |
|--|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NYD0410159436</i> |
| SITE ADDRESS <i>37-80 Revere Avenue, Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i> | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NYD05V809952</i> |
| SITE ADDRESS <i>2445 Allen Avenue, Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|--|--------------------------------|-----------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NYD049836679</i> |
| SITE ADDRESS <i>1550 Balmer Road, Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS

NY 230063

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|---|------------------------|-----------------|------|-----------------|-------|------------|------|--------------------|-------------------|
| | | | | | | NO. | TYPE | | |
| 1. Polychlorinated Biphenyls (PCB-contaminated) Solidified Sludge | ORM-E | UN2315 | 04 | 114 | 02 | 001 | 03 | NA | NA |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 314 License # NY 8694-TV Work Order # 77434

Trailer # 22 License # NY A98284 Code # 3146-A

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|---|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> | DATE SHIPPED <i>11/11/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE <i>[Signature]</i> To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest. | TRANSPORTER NO. 1 PERMIT NUMBER <i>9A091811</i> | DATE RECEIVED <i>11/11/82</i> Mo. Day Yr. |

COPY of Disposal State-Mailed by Generator

Tear at this perforation

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| IND. | MINN. | R.I. | WISC. |
| KY. | N.J. | TENN. | ONT. |

To Be TYPED by Generator

See cover sheet
for instructions
PLEASE TYPE

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230059 8

Part A:

| | | |
|---|--------------------------------|-------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NY000491158436</i> |
| SITE ADDRESS <i>37-80 Revere Avenue Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i> | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NY00051809952</i> |
| SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|--|--------------------------------|------------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NY00049836679</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300598

| | PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|---|--|---------------------|---------------|-----------|--------------|-----------|------------|-----------|--------------|----------------|
| | | | | | | | NO. | TYPE | | |
| 1 | <i>Polychlorinated Biphenyls</i> | <i>ORM-E</i> | <i>UN2315</i> | <i>04</i> | <i>14</i> | <i>02</i> | <i>001</i> | <i>03</i> | <i>NA</i> | <i>AA</i> |
| 2 | <i>(PCB-Contaminated, Solidified Sludge)</i> | | | | | | | | | |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

Tractor # 6561 License # NY 5431-TX Work Order # 77433

Trailer # 6564 License # NY 5-60179 Code # 3146-A

GENERATOR'S CERTIFICATION: This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|--|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED <i>11/11/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest." <i>Brad Hall</i> | TRANSPORTER NO. 1 PERMIT NUMBER <i>9A098</i> | DATE RECEIVED <i>11/11/82</i> Mo. Day Yr. |

COPY 1 Disposal State-Mailed by Generator

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| IND | MINN. | R.I. | WISC. |
| KY. | N.J. | TENN. | ONT. |

BROKER'S COPY

To Be TYPED by Generator

See cover sheet
Instructions

PLEASE TYPE

Part A:

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230058 9

| | | |
|--|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept. of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NY00401594316</i> |
| SITE ADDRESS <i>37-80 Revere Avenue, Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i> | PHONE <i>(800)-462-2121</i> | <i>NY0051809952</i> |
| SITE ADDRESS <i>2445 Allen Avenue Niagara Falls New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|--|--------------------------------|----------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | <i>NY00498306719</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 2300589

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS | | EPA HAZ CODE | EPA WASTE TYPE |
|---|---------------------|-----------------|------|--------------|-----------|------------|-----------|--------------|----------------|
| | | | | | | NO. | TYPE | | |
| <i>Polychlorinated B. phenyls</i> <i>(PCB-Contaminated, Solidified Sludge)</i> | <i>ORM-E</i> | <i>UN231504</i> | | <i>1114</i> | <i>02</i> | <i>001</i> | <i>03</i> | <i>NA</i> | <i>NA</i> |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED):

*Tractor #6560 License #NY 1130-TW Work Order #77430**Trailer #31 License #NY M-50491 Code #3146-A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|---|---|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> | DATE SHIPPED <i>11/11/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE <i>[Signature]</i> To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest. | TRANSPORTER NO. 1 PERMIT NUMBER <i>8409811</i> | DATE RECEIVED <i>11/11/82</i> Mo. Day Yr. |

COPY 1 Disposal State—Mailed by Generator

Tear at this Perforation

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| DEL | MASS | OHIO | VA |
| ILL | MICH | PA | W. VA |

To Be TYPED by Generator

See cover sheet
for instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

EASE TYPE

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 230057 1

Part A:

| | | |
|---|--------------------------------|------------------------------------|
| GENERATOR NAME <i>New York City Dept of Environmental Protection</i> | PHONE <i>(212)-361-2424</i> | EPA ID NO. <i>NY 204015943K</i> |
| SITE ADDRESS <i>37-80 Review Avenue Long Island City, New York 11101</i> | | |
| TRANSPORTER NO. 1 <i>Buffalo Fuel Corp</i> | PHONE <i>(800)-462-2121</i> | EPA ID NO. <i>NY 205180995E</i> |
| SITE ADDRESS <i>2445 Allen Avenue Niagara Falls, New York</i> | | |
| TRANSPORTER NO. 2 | PHONE | |
| SITE ADDRESS | | |

| | | |
|--|--------------------------------|------------------------------------|
| TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY <i>SCA Services</i> | PHONE <i>(716)-754-8231</i> | EPA ID NO. <i>NY 2049836679</i> |
| SITE ADDRESS <i>1550 Balmer Road Model City, New York 14107</i> | | |

THIS FORM IS NO. 1 OF A TOTAL OF 1 THE FIRST MANIFEST DOCUMENT NO. IS NY 230057 1

| PROPER US DOT SHIPPING NAME | US DOT HAZARD CLASS | UN/NA NUMBER | FORM | NET QUANTITY | UNITS | CONTAINERS NO. | TYPE | EPA HAZ CODE | EPA WASTE TYPE |
|--|---------------------|---------------|-----------|--------------|-----------|----------------|-----------|--------------|----------------|
| <i>Polychlorinated Biphenyls (PCB-contaminated, Solidified Sludge)</i> | <i>ORM-E</i> | <i>UN2315</i> | <i>04</i> | <i>14</i> | <i>02</i> | <i>001</i> | <i>03</i> | <i>18</i> | <i>HA</i> |
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SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

*Tractor #1675 License #ONT-XJ81 Work Order #77429**Trailer #1875 License #PA T6-94602 Code #3146-A*

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

| | | |
|---|--|---|
| GENERATOR'S SIGNATURE <i>[Signature]</i> Please type name also | DATE SHIPPED <i>11/11/82</i> Mo. Day Yr. | EXPECTED ARRIVAL DATE <i>11/12/82</i> Mo. Day Yr. |
| TRANSPORTER NO. 1 SIGNATURE <i>[Signature]</i> To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest. | TRANSPORTER NO. 1 PERMIT NUMBER <i>940918</i> | DATE RECEIVED <i>11/11/82</i> Mo. Day Yr. |

COPY 1 Disposal State—Mailed by Generator

Tear at this Perforation

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| IND. | MINN. | R.I. | WISC. |
| KY. | N.J. | TENN. | ONT. |

JUL 16 1982

CERTIFIED MAIL ---
RETURN RECEIPT REQUESTED

Thomas J. O'Neill, Trustee
c/o Nolan, Bell & Moore
60 Park Place
Newark, New Jersey 07102

Re: Long Island City, New York facility
EPA I.D. No. NYT370010407 NYD 980592562

Dear Mr. Prashker:

The United States Environmental Protection Agency ("EPA") regulates the handling of hazardous waste under the Resource Conservation and Recovery Act ("RCRA"), 42 U.S.C. §6901 et seq. Pursuant to the requirements of RCRA and the regulations promulgated thereunder, you notified EPA on October 24, 1980 that you generate, treat, store and dispose of hazardous waste and you submitted a Part A permit application for these activities on November 19, 1980.

Section 3007 of RCRA, 42 U.S.C. §6927, allows EPA to request certain information from parties who handle hazardous waste. Pursuant to the provisions of this Section, we hereby require that you answer the questions posed below. Your reply should be completed and signed by a responsible official of your company, and must be returned to us within 20 calendar days of the date of this letter. Please include your EPA Identification Number, listed above, with your correspondence.

1. 40 CFR Section 265.115 requires that the owner/operator submit to the Regional Administrator certification that the facility has been closed in accordance with the specifications in the approved closure plan. Please submit such a certification for the Long Island City facility, both by the owner or operator and by an independent registered professional engineer.
2. 40 CFR Section 265.114 requires that when closure has been completed, all facility equipment and structures must have been properly disposed of or decontaminated by removing all hazardous waste and residues. Has such decontamination and disposal taken place at the Long Island City facility? Please submit a list of all facility equipment and structures and a notation next to each as to whether it has been decontaminated or disposed of. If neither occurred, please indicate when disposal or decontamination is scheduled.

Your failure to respond to this letter truthfully and accurately within the time provided may subject you to the initiation of an enforcement action under Section 3008 of RCRA, 42 U.S.C. §6928. Such enforcement action may include the assess-

ment of substantial penalties of up to \$25,000 for continued noncompliance. This information request is not subject to the approval requirements of the Paperwork Reduction Act of 1980, Title 44 of the United States Code.

You may, if you so desire, assert a business confidentiality claim covering all or part of the information requested hereby. The claim may be asserted by placing on (or attaching to) the information, at the time it is submitted, a cover sheet, stamped or typed legend, or other suitable form of notice employing language such as "trade secret," or "proprietary," or "company confidential." Information covered by such a claim will be disclosed by EPA only to the extent and by means of procedures set forth in Subpart B, Part 2, Code of Federal Regulations (41 FR 36906, September 1, 1976, as modified at 43 FR 39997, September 8, 1978). If no such claim accompanies the information when it is received by EPA, it may be made available to the public by EPA without further notice to you.

If you have any questions about this letter, you may call Mr. James Woods of my staff, at (212) 264-2462. Your cooperation is appreciated.

Sincerely yours,

Michael P. Bonchonsky
Acting Director
Enforcement Division

bcc: Tom Taccione, 2PM-PA
Janet DeBiasio, 2AWM-SW

New York State Department of Environmental Conservation
50 Wolf Road, Albany, New York 12233-

NVD 980592612

JUN 13 PM 4:31

PERMITS ADMINISTRATION
BRANCH

JAN 21 1988 ✓

H. E. NG
Frank J. P. I.
and appropriate
action
Kam
1/1/88

Thomas C. Jorling
Commissioner

Mr. Jeffrey A. Clock
Director
Environmental Affairs and Research
and Development
Central Hudson Gas & Electric Co.
294 South Ave.
Poughkeepsie, NY 12061-6878

✓ C1103=\$
✓ C119=3
✓ C1105=6
✓ C305=\$
✓ CMT9: DIL LTR
done 6/14/88
PAB
F.C.

Dear Mr. Clock:

Re: Central Hudson Gas and Electric, Danskammer,
Certification of Closure of Hazardous Waste
Surface Impoundments and Container Storage Area

This letter confirms the receipt by this office the additional information requested in the letter of August 18, 1987 by the Bureau of Hazardous Waste Facility Operations.

Upon review of our records, it is deemed that all applicable regulatory requirements for the closure of RCRA interim status portion of this facility have been met. This approval ceases liability for regulatory fees for the units referenced above.

The review of the drawings of the "E" basin, submitted by Central Hudson Gas and Electric shows that the maximum water level indicated allows for a free board of only 1.5 ft. The Department recommends that at least 2 ft. free board be maintained whenever this surface impoundment is put into operation. This will be a safe operating procedure since Danskammer is located at the Hudson River Edge.

If you should have any questions, please contact Sitansu Ghosh at (518) 457-9696 or Mariana Domiguez at (914) 761-6660.

Sincerely,

Paul R. Counterman

Paul R. Counterman, P.E.
Director
Bureau of Hazardous Facility Permitting
Division of Hazardous Substances Regulation

cc: E. Miles
J. Ferry
J. Middelkoop
J. Reidy

bcc: S. Ghosh
M. Dominquez
L. Whitbeck

✓ C1105=C C119=3 ✓
C1103=\$ ✓ CMT ✓

P32 ✓
P33 ✓

done
4-6-88

New York State Department of Environmental Conservation
50 Wolf Road, Albany, New York 12233-4017

1987 OCT

NYD980592562

OCT 6 1987



Thomas C. Jorling
Commissioner

Mr. George C. Meyer
Chief, Hazardous Waste Compliance Branch
U.S. Environmental Protection Agency
26 Federal Plaza
Region II Office
New York, NY 10278

Dear Mr. Meyer:

At our August CNAPS meeting, it was proposed that a method be developed for handling illegally closed RCRA facilities.

We propose to transfer facilities which are illegally closed and bankrupt or desolved with no forwarding address, to our inactive hazardous waste site program. By filing a Part A, the facility has indicated that hazardous waste was treated, stored, or disposed of on the property. This is sufficient to have a closed site listed as 2A on New York State's inactive hazardous waste site list. The classification indicates that hazardous waste were known to have been at the site but it is unknown as to whether there is present contamination. The following sites have been referred to the Division of Hazardous Waste Remediation:

- ✓ CMT9: 1. Applied Environmental Services - NYD000632232 ✓ 6 P32 P33 in PDS
- ✓ CMT9: 2. Edmas Corporation - NYD047648472 ✓ need P32, P33 ✓
- ✓ CMT9: 3. Three Dimensional Circuits - NYD099077418 ✓ 990774184 ✓ ① needs P32 P33
- ✓ CMT10: 4. Active Steel Drum - NYD003933355 ✓ P32, P33 OK ✓
- ✓ CMT9: 5. Quanta Resources Corporation - NYD980592562 ✓ C1105=1 } needs P32 P33 ✓
- ✓ CMT9: 6. Quanta Resources Corporation - NYD980592448 ✓
- ✓ CMT9: 7. Orban Industries - NYD096300561 ✓ 1 - needs P32, P33 ✓
- ✓ CMT11: 8. Alpha Portland Cotisca Industries - NYD002225878
- ✓ CMT10: 9. Mattice Petrochemical - NYD013600259 ✓ 7 - needs P32, P33 ✓
- ✓ CMT9: 10. Kosan Industrial Corporation - NYD061949228 ✓ need P32, P33 ✓
- ✓ CMT9: 11. Reiter Drum & Barrel - NYD000824565 ✓ need P32 P33 ✓
- ✓ CMT9: 12. Auburn Plastics - NYD010779569 ✓ need P32 P33 ✓
- ✓ CMT9: 13. Buffalo Tin Plating - NYD002109452 ✓ need P32, P33 ✓
- ✓ CMT9: 14. Northeast Marine Terminal Company, Inc. - NYD052798261 ✓ NH ✓

The Division of Hazardous Waste Remediation can investigate these sites for possible contamination and, if found, search for potential responsible parties. We will inform them if any financial assurance for remediation is available, should it be needed at any of these sites.

It is important that we have a method of removing these facilities from RCRA listing as TSD facilities so that repetitive and unnecessary inspections can be avoided. It was suggested that your branch provide us with a CMEL coding, which would allow us to close out our cases against these facilities under RCRA and place the facilities in a separate, not to be inspected listing. Please let us know what this coding should be. Since the transfers are already in progress, the code is required as soon as possible. Mr. John L. Middelkoop, of my staff, is available to answer any questions on the procedures involved, and he may be contacted at (518) 457-0532. *

Sincerely,



David Mafrici, P.E.
Chief
Bureau of Hazardous Waste Operations
Division of Hazardous Substances Regulation

RCRA/Data Quality
RCRA/NY



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 1037 OCT 27 PM 12:59
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

OCT 26 1987

Mr. David Mafrici, P.E.
Chief, Bureau of Hazardous Waste Operations
Division of Hazardous Substances Regulations
NYS Department of Environmental Conservation
50 Wolf Road
Albany, New York 12233-4017

Re: Classification for hazardous waste facilities that have become "Superfund" sites.

Dear Mr. Mafrici:

As we had discussed during our August CNAP meeting, and in response to your letter dated October 16, 1987, this office is attempting to develop procedures for removing illegally closed facilities from the RCRA hazardous waste TSDF universe. This is a two-part problem: removing such facilities from the inspection universe and closing out cases against such facilities.

Your letter of October 6, 1987, in which you confirmed that facilities which are illegally closed and bankrupt or desolved can be referred to the Division of Hazardous Waste Remediation is encouraging in that a new TSDF status code of "C" has been proposed and is currently in the process of being defined and approved by our Headquarters; "C" will refer to any RCRA TSDFs that have been formally referred to the CERCLA program (or a CERCLA-equivalent State program) and where no further action will be pursued at the facility under either the RCRA program or a RCRA-equivalent State program. We expect that this new classification code for TSDF status will be approved and available for use in approximately four months. Facilities placed into this category would not be included in the inspection universe.

As in any case where the TSDF status code is to be modified, adequate documentation for the coding change must be provided. We propose to meet the documentation requirements with the following procedures for cases where the State refers a facility to their CERCLA-equivalent program:

- 1) This office must receive (1) formal documentation that the RCRA-equivalent State program has referred the facility to its CERCLA-equivalent program (e.g., a memorandum from the Division of Hazardous Substances Regulations which refers the matter to the Division of Hazardous Waste Remediation) and (2) a statement from the RCRA-equivalent State program (i.e., the Bureau of Hazardous Waste Operations) that the State does not intend to pursue any further actions against the facility under the RCRA-equivalent State program.
- 2) Assuming that this office agrees with the State's decision to remove the facility from the RCRA-equivalent State program, a letter would be sent to your office to indicate our concurrence with the State's decision and to indicate that we will also not pursue any further actions against the facility under the Federal RCRA program.

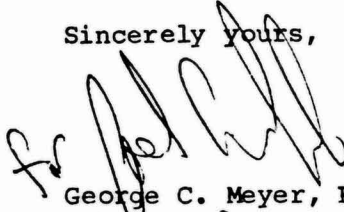
3) Copies of the three above-mentioned documents and a memorandum requesting the TSDF status be changed to "C" for the facility would then be sent by this office to the Permits Administration Branch, Office of Policy and Management, for processing the requested change into the Hazardous Waste Data Management System ("HWDMS").

In the interim, prior to the availability of the "C" category, this office will receive and acknowledge documentation required from the State as indicated in Steps 1 and 2. Once the "C" category is made available, we will complete Step 3 of the process as described above.

As for the second part of the problem, procedures for closing out cases in HWDMS against "C" category facilities will require further discussion with the Permits Administration Branch and, consequently, cannot be provided at this time.

Any questions or comments regarding the TSDF status code "C" or the development status of procedures for closing out cases in HWDMS should be directed to Susan Lin of my staff, and she may be contacted at (212) 264-5175.

Sincerely yours,



George C. Meyer, P.E.

Chief

Hazardous Waste Compliance Branch
Air and Waste Management Division

bcc: Laura Livingston (2OPM-PA)
Susan Lin (2AWM-HWC)
Ray Slizys (2AWM-HWC)

| * HWF-ID | HWF-RCRA-PERMIT-STATUS | HWF-FAC-NAME |
|----------------|------------------------|--------------------------------------|
| *** | | |
| * NJD991291063 | C | ALL COUNTY ENVIRONMENTAL SERVICE COR |
| * NJD011881174 | S | C.R. WARNER, INC. |
| * NJD060802832 | C | ENERGALL, INC. |
| * NJD980536577 | S | FLOWEN OIL DELAWARE VALLEY, INC. |
| * NJD049860836 | C | KIN-BUC INC. |
| * NJD084044064 | S | LIONETTI OIL RECOVERY INC |
| * NJD053101085 | S | MOBIL CHEMICAL/CHEMICAL COATINGS DIV |
| * NJD061843249 | C | NATIONAL SMELTING OF NEW JERSEY INC |
| * NJD980649024 | S | NOBLE OIL CO |
| * NJD000560094 | S | OIL RECOVERY CO., INC |
| * NJD094960333 | C | PRESTO, INCORPORATED |
| * NJD071454276 | S | PRICKETTS INDUSTRIAL TANK CLEANING C |
| * NJD021045067 | S | PURE STREAM INCORPORATED |
| * NJD000606442 | S | QUANTA RESOURCES CORPORATION |
| * NJD045995693 | S | REZULTZ INCORPORATED |
| * NJD054050703 | C | SCIENTIFIC CHEMICAL PROCESSING INC. |
| * NJD070565403 | C | SCIENTIFIC CHEMICAL PROCESSING, INC. |
| * NYD003933355 | C | ACTIVE STEEL DRUM CO., INC. |
| *** | | |
| * NYD000632232 | C | APPLIED ENVIRONMENTAL SERVICES |
| * NYD010779569 | C | AUBURN PLASTICS INC |
| * NYD002109452 | C | BUFFALO TIN PLATING |
| * NYD047648472 | C | EDMOS CORPORATION |
| * NYD061949228 | C | KOSAN INDUSTRIAL CORP. |
| * NYD013600259 | C | MATTIACE PETROCHEMICAL COMPANY |
| * NYD052798261 | C | NORTHEAST MARINE TERMINAL CO INC |
| * NYD096300561 | C | ORBAN |
| * NYD980592562 | C | QUANTA RESOURCES CORP |
| * NYD980592448 | C | QUANTA RESOURCES CORPORATION |
| * NYD000824565 | C | REITER DRUM & BARREL CO INC |
| * NYD990774184 | C | THREE DIMENSIONAL CIRCUITS |

Woods

JUL 16 1982

CERTIFIED MAIL ---
RETURN RECEIPT REQUESTED

Thomas J. O'Neill, Trustee
c/o Nolan, Bell & Moore
60 Park Place
Newark, New Jersey 07102

Re: Long Island City, New York facility
EPA I.D. No. NYT370010407

Dear Mr. Prashker:

The United States Environmental Protection Agency ("EPA") regulates the handling of hazardous waste under the Resource Conservation and Recovery Act ("RCRA"), 42 U.S.C. §6901 et seq. Pursuant to the requirements of RCRA and the regulations promulgated thereunder, you notified EPA on October 24, 1980 that you generate, treat, store and dispose of hazardous waste and you submitted a Part A permit application for these activities on November 19, 1980.

Section 3007 of RCRA, 42 U.S.C. §6927, allows EPA to request certain information from parties who handle hazardous waste. Pursuant to the provisions of this Section, we hereby require that you answer the questions posed below. Your reply should be completed and signed by a responsible official of your company, and must be returned to us within 20 calendar days of the date of this letter. Please include your EPA Identification Number, listed above, with your correspondence.

1. 40 CFR Section 265.115 requires that the owner/operator submit to the Regional Administrator certification that the facility has been closed in accordance with the specifications in the approved closure plan. Please submit such a certification for the Long Island City facility, both by the owner or operator and by an independent registered professional engineer.
2. 40 CFR Section 265.114 requires that when closure has been completed, all facility equipment and structures must have been properly disposed of or decontaminated by removing all hazardous waste and residues. Has such decontamination and disposal taken place at the Long Island City facility? Please submit a list of all facility equipment and structures and a notation next to each as to whether it has been decontaminated or disposed of. If neither occurred, please indicate when disposal or decontamination is scheduled.

Your failure to respond to this letter truthfully and accurately within the time provided may subject you to the initiation of an enforcement action under Section 3008 of RCRA, 42 U.S.C. §6928. Such enforcement action may include the assess-

2ENF-GE:KButtolph/ep:x2430:6/21/82

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MICROFILM

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CONCURRENCE

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RECEIVED

ment of substantial penalties of up to \$25,000 for continued noncompliance. This information request is not subject to the approval requirements of the Paperwork Reduction Act of 1980, Title 44 of the United States Code.

You may, if you so desire, assert a business confidentiality claim covering all or part of the information requested hereby. The claim may be asserted by placing on (or attaching to) the information, at the time it is submitted, a cover sheet, stamped or typed legend, or other suitable form of notice employing language such as "trade secret," or "proprietary," or "company confidential." Information covered by such a claim will be disclosed by EPA only to the extent and by means of procedures set forth in Subpart B, Part 2, Code of Federal Regulations (41 FR 36906, September 1, 1976, as modified at 43 FR 39997, September 8, 1978). If no such claim accompanies the information when it is received by EPA, it may be made available to the public by EPA without further notice to you.

If you have any questions about this letter, you may call Mr. James Woods of my staff, at (212) 264-2462. Your cooperation is appreciated.

Sincerely yours,

Michael P. Bonchonsky
Acting Director
Enforcement Division

bcc: Tom Taccone, 2PM-PA
Janet Debiasio, 2AWM-SW

LAW OFFICES
NOLAN, BELL & MOORE

60 PARK PLACE
TOWER SUITE-1900
NEWARK, NEW JERSEY 07102

201-643-6300

CABLE ADDRESS "NOLA"

JOSEPH M. NOLAN, P. A.
JAMES M. BELL
DANIEL J. MOORE
JOHN J. MULVIHILL
WILLIAM F. McENROE
DANIEL E. STRAFFI
FRANK CARERI, JR.*

*PA. & N. J. BAR

OCEAN COUNTY OFFICE
393 MANTOLOKING ROAD
P. O. BOX 248
MANTOLOKING, N. J. 08738
(201) 477-9500

OF COUNSEL
THOMAS J. O'NEILL

REFER TO FILE NO. 5602

July 22, 1982

United States Environmental
Protection Agency
Region 2
26 Federal Plaza
New York, New York 10278

Attention: Mr. Michael P. Bonchonsky
Acting Director, Enforcement Division

Re: Quanta Resources Corp.

Dear Sir:

This office represents Thomas J. O'Neill, the Trustee in Bankruptcy of Quanta Resources Corp. We have received your letter of July 16, 1982 addressed to Mr. O'Neill relating to the Long Island City facility of Quanta Resources Corp.

On October 6, 1981, Quanta Resources Corp. commenced a proceeding for reorganization under Chapter 11 of the Bankruptcy Code. The proceedings were converted to a liquidation under Chapter 7 on November 12, 1981. On November 18, 1981 Mr. O'Neill was appointed Trustee.

At no time was the facility in Long Island City operated by the Trustee. On June 1, 1982, notice was forwarded to all creditors of Quanta, including the United States Environmental Protection Agency, advising of the Trustee's intention to abandon the Long Island City facility. By Order dated July y, 1982, the Trustee was authorized by the United States Bankruptcy Court to abandon the property. As such, Mr. O'Neill, as Trustee of Quanta Resources Corp., no longer

NOLAN, BELL & MOORE

Mr. Bonchonsky

Page 2

July 22, 1982

has any interest in the property in Long Island City, New York. Any further inquiries should be forwarded to the appropriate representative of Quanta Resources Corp. Please call me if you have any questions.

Thank you.

Very truly yours,

NOLAN, BELL & MOORE



By: WILLIAM F. MCENROE

WFM

por



CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF SCIENCE AND TECHNOLOGY

51 ASTOR PLACE, NEW YORK, N.Y. 10003

(212) 566-2717

JOSEPH T. McGOUGH, JR., Commissioner

EDWARD F. FERRAND, Assistant Commissioner

December 20, 1982

Richard A. Baker, PhD
Chief
Permits Administration Branch
United States Environmental Protection Agency
26 Federal Plaza
New York, New York 10278

SUBJECT: Follow up to issuance of EPA Emergency
ID # NYP000773002 issued August 30, 1982.
Reference EPA Region II letter Sept. 14, 1982.

Dear Dr. Baker:

Removal of hazardous materials from Quanta Resources was completed on December 1, 1982. A summary of all materials removed from Quanta (atch 1) as well as a detailed list of all manifested shipments (atch 2) is hereby provided as you requested. My interim response dated Oct. 22, 82 on New York City efforts at Quanta Resources is also included, for the record, as atch 3.

The removal of all hazardous materials from the 106 tanks on the Quanta Resources facility will complete the immediate removal phase of the defensive actions taken by the City of New York in accordance with the National Oil & Hazardous Substances Contingency Plan. All materials that were an immediate threat to the health and safety of the NYC Public have been removed.

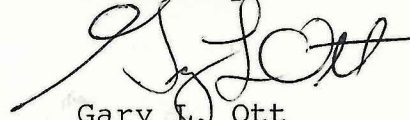
Further efforts, however, will be required at the Quanta Resources site.

1. Determine the extent of PCB contamination of the soil, underground oils and ground water that is under and around the Quanta site.
2. Prepare inactive hazardous waste site remediation plan for removal, containment, or control of PCB contaminated oil & oil on the aquifer.
3. Complete the demolition of buildings, tanks and the removal of other non-hazardous materials that are not an immediate threat to the health and safety of the NYC Public.

All of these activities are in the planned response and site remediation categories listed in the National Oil and Hazardous Substances Contingency Plan. It is the responsibility of the State of New York to ensure that these programs are implemented, reference Environmental Conservation Law, section 3-0301 and the National Oil and Hazardous Substances Contingency Plan, 40 CFR, part 300.

If I can be of any help with information or assistance regarding the Quanta project, please feel free to call me. I thank you for your help in assuring a smooth expedition of the necessary manifests and other paperwork required for this project.

Sincerely,

A handwritten signature in dark ink, appearing to read "G. L. Ott", written over a horizontal line.

Gary L. Ott
On Scene Coordinator

GLO/ms

Attachments:

1. Master Summary
2. Detailed Manifest Shipments
3. NYC Letter Oct. 22, 1982,
same subject.
4. Copies NYS Manifests
11/9/82 thru 12/1/82.

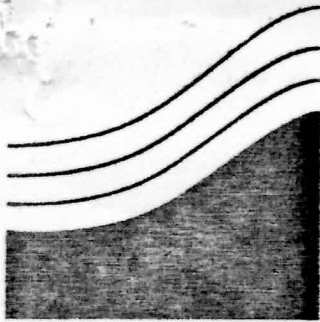
MASTER SUMMARY

DECEMBER 1, 1982

MATERIALS REMOVED FROM QUANTA SITE

| <u>WASTE STREAM</u> | <u>QUANTITY</u> |
|--|-----------------------------|
| 1. OIL - Recyclable, Combustible Liquid <50ppm | 119,830 Gallons |
| 2. OIL - Chlorinated, Combustible Liquid <50ppm | 78,920 Gallons |
| 3. PCB OIL (50-500ppm) | 38,716 Gallons |
| 4. PCB OIL (>500ppm) | 1,163 Gallons |
| 5. PCB SLUDGE (8000+ppm) | 31 drums (1,705 Gallons) |
| 6. PCB PUMPABLE SLUDGE (50-500ppm) | 57,000 Gallons |
| 7. PUMPABLE SLUDGE, (FLAMMABLE) | 5,000 Gallons-(43,370 lbs.) |
| 8. PCB-CONTAMINATED, SOLIDIFIED SLUDGE | 430 Tons |
| 9. CYANIDE SOLUTION | 9,425 Gallons |
| 10. NON-HAZARDOUS, SOLIDIFIED SLUDGE | 886 Tons |
| 11. PCB-CONTAMINATED, DIESEL FUEL (SOLVENT TRIPLE RINSE) | 20 drums (1,100 Gallons) |
| 12. WATER DISCHARGED CITY SEWER | 166,469 Gallons |

Atch 1



CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF SCIENCE AND TECHNOLOGY

51 ASTOR PLACE NEW YORK, N.Y. 10003

(212) 566-2717

JOSEPH T. McGOUGH, JR., Commissioner

EDWARD F. FERRAND, Assistant Commissioner

October 22, 1982

Richard A. Baker, PhD
Chief
Permits Administration Branch - Room 432
United States Environmental Protection Agency
26 Federal Plaza
New York, N.Y. 10278

SUBJECT: Follow up to issuance of EPA Emergency ID # NYP000773002, issued August 30, 1982. Reference EPA Region II Ltr Sep 14, 1982.

Dear Dr. Baker:

New York City requested activation of the Regional Response Team, (RRT) on May 11, 1982 to assemble USEPA, New York State Department of Environmental Conservation and other members of the RRT to discuss and initiate each agency's response to an immediate hazard suspected to exist at Quanta Resources. Quanta Resources located at 37-80 Review Avenue Long Island City, Queens, N.Y., is an abandoned waste oil facility containing over half a million gallons of waste oil, PCB oil, PCB contaminated oil and sludge and other unknown chemicals in 103 tanks. Bankrupt Quanta Resources' trustee abandoned the property by consent of the Bankruptcy Court on October 6, 1981.

Neither Federal nor State environmental agencies, after formal meetings and many discussions, agreed to perform an investigation and hazard assessment of the abandoned materials at Quanta Resources or develop an inactive hazardous waste site remedial plan. Similarly, no Federal or State agency agreed to provide security for this abandoned waste site.

In June, 1982, the New York City Department of Environmental Protection conducted a preliminary assessment of the facility to determine the immediate and significant risk of harm to human life and health of the New York City public. This preliminary assessment, including a site inventory, sampling and analysis program noted:

1. An estimated total of 530,000 gallons of liquid and sludge materials in over 90 separate tanks.

Atch 3

2. Several thousand gallons of PCB oil.
3. An estimated 100,000 gallons of PCB contaminated oil and sludge.
4. Open diked containment areas, separators, open drums, vats and metal tanks containing varying amounts of oil and chemical materials and rain water in deteriorating condition. Oil and contaminated water were leaking off site and into the soil.
5. Significant quantities of materials with low flash points, enough to pose a significant fire hazard.

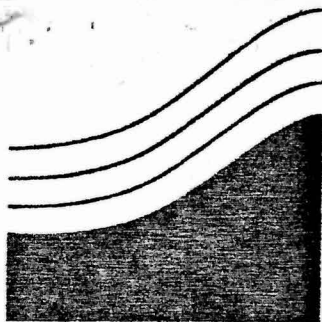
On August 11, 1982, NYC DEP initiated a rigorous inventory, sampling and analysis investigation of the Quanta Resources Site. OH Materials, a hazardous waste contractor, was selected over 5 other contractors to perform this first stage of a total effort. OH Materials report dated Sept. 2, 1982 documents this complete investigation. On September 3, 1982 OH Materials was authorized to proceed with an immediate removal of the hazardous materials documented in their report. Completion of this immediate removal phase of the New York City Quanta project is projected by November 15, 1982.

As requested, a summary of the waste streams, transporters, and destination of hazardous materials removed from Quanta is attached for your information. (Materials treated on-site are not included in this report) This report includes all transporter and disposer permit numbers on copies of all applicable out-of-state manifests prepared by the City of New York at the Quanta Site. These documents and all other Quanta status reports have been available to any Federal or State agencies when they visited the Quanta site during the entire clean up effort. As a policy, New York City Department of Environmental Protection used only licensed haulers and disposal facilities for all hazardous waste response efforts.

Two categories of sludge remain at the Quanta Site for solidification for landfill disposal, an estimated 28,000 gallons of PCB contaminated sludge and an estimated 135,000 gallons of non-PCB contaminated sludge. Our initial plans are to bulk the solidified PCB contaminated sludge to the SCA Model City, NY, landfill. Similarly, solidified non-contaminated sludge will be bulked to the BFI landfill in Maryland once all applicable landfill forms have been completed. We will forward to you details of these shipments prior to mid-November 1982.

New York City's final report to the Chairman RRT on this emergency response will be forwarded in December 1982 in accordance with 40 CFR part 300.56. We will again include all the above details in this final report. Attachments to this report will also be the final report of our contractor, OH Materials, and of the consulting engineering firm, CH2M Hill, selected by the NYC Department of Environmental Protection to oversee the entire cleanup effort. Requirements for future Quanta site decontamination, extent of PCB soil contamination and future site remedial actions for New York State or Federal programs will be discussed in this report.


Gary L. Ott
OSC, NYC Representative RRT



CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
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51 ASTOR PLACE, NEW YORK, N.Y. 10003

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October 22, 1982

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Attch 3

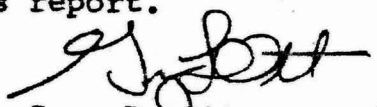
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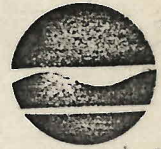
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Gary L. Ott
OSC, NYC Representative RRT

RCRIS indicates that this facility has been referred to DEC's state superfund program. It is possible that this facility belongs to a group of 14 facilities that DEC decided to place under their state superfund program in a letter dated 10/06/87. Since the facility is not located on the current state superfund listing, it is possible that state superfund has fully remediated the site and since removed it from the state superfund registry. Any documentation that the state has produced regarding remedial and investigative activities at this facility should be requested from DEC. One discrepancy is the ID number. The last digit is different. There are only two Quanta sites in New York, however, so it is likely that one ID number is wrong and both RCRIS and the letter discuss the same site.

NEW YORK
New York State Department of Environmental Conservation
50 Wolf Road, Albany, New York 12233-4017

037 CC



Thomas C. Jorling
Commissioner

OCT 6 1987

Mr. George C. Meyer - George L. Meyer
Chief, Hazardous Waste Compliance Branch
U.S. Environmental Protection Agency
26 Federal Plaza
Region II Office
New York, NY 10278

Dear Mr. Meyer:

At our August CNAPS meeting, it was proposed that a method be developed for handling illegally closed RCRA facilities.

We propose to transfer facilities which are illegally closed and bankrupt or desolved with no forwarding address, to our inactive hazardous waste site program. By filing a Part A, the facility has indicated that hazardous waste was treated, stored, or disposed of on the property. This is sufficient to have a closed site listed as 2A on New York State's inactive hazardous waste site list. The classification indicates that hazardous waste were known to have been at the site but it is unknown as to whether there is present contamination. The following sites have been referred to the Division of Hazardous Waste Remediation:

1. Applied Environmental Services - NYD000632232
2. Edmas Corporation - NYD047648472
3. Three Dimensional Circuits - NYD099077418
4. Active Steel Drum - NYD003933355
5. Quanta Resources Corporation - NYD980592564
6. Quanta Resources Corporation - NYD980592448
7. Orban Industries - NYD096300561
8. Alpha Portland Cotisca Industries - NYD002225878
9. Mattice Petrochemical - NYD013600259
10. Kosan Industrial Corporation - NYD061949228
11. Reiter Drum & Barrel - NYD000824565
12. Auburn Plastics - NYD010779569
13. Buffalo Tin Plating - NYD002109452
14. Northeast Marine Terminal Company, Inc. - NYD052798261

The Division of Hazardous Waste Remediation can investigate these sites for possible contamination and, if found, search for potential responsible parties. We will inform them if any financial assurance for remediation is available, should it be needed at any of these sites.

It is important that we have a method of removing these facilities from RCRA listing as TSD facilities so that repetative and unnecessary inspections can be avoided. It was suggested that your branch provide us with a CMEL coding, which would allow us to close out our cases against these facilities under RCRA and place the facilities in a separate, not to be inspected listing. Please let us know what this coding should be. Since the transfers are already in progress, the code is required as soon as possible. Mr. John L. Middelkoop, of my staff, is available to answer any questions on the procedures involved, and he may be contacted at (518) 457-0532.

Sincerely,



David Mafrici, P.E.
Chief
Bureau of Hazardous Waste Operations
Division of Hazardous Substances Regulation

RCRA/Data Quality
RCRA/NY



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 1 OCT 27 PM 12:59
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

OCT 26 1987

Mr. David Mafrici, P.E.
Chief, Bureau of Hazardous Waste Operations
Division of Hazardous Substances Regulations
NYS Department of Environmental Conservation
50 Wolf Road
Albany, New York 12233-4017

Re: Classification for hazardous waste facilities that have become "Superfund" sites.

Dear Mr. Mafrici:

As we had discussed during our August CNAP meeting, and in response to your letter dated October 16, 1987, this office is attempting to develop procedures for removing illegally closed facilities from the RCRA hazardous waste TSDF universe. This is a two-part problem: removing such facilities from the inspection universe and closing out cases against such facilities.

Your letter of October 6, 1987, in which you confirmed that facilities which are illegally closed and bankrupt or desolved can be referred to the Division of Hazardous Waste Remediation is encouraging in that a new TSDF status code of "C" has been proposed and is currently in the process of being defined and approved by our Headquarters; "C" will refer to any RCRA TSDFs that have been formally referred to the CERCLA program (or a CERCLA-equivalent State program) and where no further action will be pursued at the facility under either the RCRA program or a RCRA-equivalent State program. We expect that this new classification code for TSDF status will be approved and available for use in approximately four months. Facilities placed into this category would not be included in the inspection universe.

As in any case where the TSDF status code is to be modified, adequate documentation for the coding change must be provided. We propose to meet the documentation requirements with the following procedures for cases where the State refers a facility to their CERCLA-equivalent program:

- 1) This office must receive (1) formal documentation that the RCRA-equivalent State program has referred the facility to its CERCLA-equivalent program (e.g., a memorandum from the Division of Hazardous Substances Regulations which refers the matter to the Division of Hazardous Waste Remediation) and (2) a statement from the RCRA-equivalent State program (i.e., the Bureau of Hazardous Waste Operations) that the State does not intend to pursue any further actions against the facility under the RCRA-equivalent State program.
- 2) Assuming that this office agrees with the State's decision to remove the facility from the RCRA-equivalent State program, a letter would be sent to your office to indicate our concurrence with the State's decision and to indicate that we will also not pursue any further actions against the facility under the Federal RCRA program.

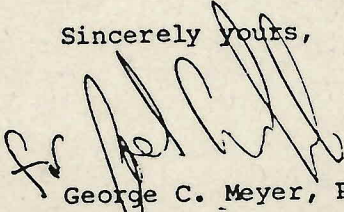
3) Copies of the three above-mentioned documents and a memorandum requesting the TSDF status be changed to "C" for the facility would then be sent by this office to the Permits Administration Branch, Office of Policy and Management, for processing the requested change into the Hazardous Waste Data Management System ("HWDMS").

In the interim, prior to the availability of the "C" category, this office will receive and acknowledge documentation required from the State as indicated in Steps 1 and 2. Once the "C" category is made available, we will complete Step 3 of the process as described above.

As for the second part of the problem, procedures for closing out cases in HWDMS against "C" category facilities will require further discussion with the Permits Administration Branch and, consequently, cannot be provided at this time.

Any questions or comments regarding the TSDF status code "C" or the development status of procedures for closing out cases in HWDMS should be directed to Susan Lin of my staff, and she may be contacted at (212) 264-5175.

Sincerely yours,



George C. Meyer, P.E.
Chief

Hazardous Waste Compliance Branch
Air and Waste Management Division

bcc: Laura Livingston (2OPM-PA)
Susan Lin (2AWM-HWC)
Ray Slizys (2AWM-HWC)

DEC 10 1981

RCRA TRANSPORTER INSPECTION CHECKLIST

Transporter Name: QUANTA RESOURCES CORPORATION EPA I.D.: NYT 370010407Transporter Address: 37-80 REVIEW AVENUE Driver: _____
LONG ISLAND CITY, NEW YORK

- | | Yes | No |
|---|-----|-----|
| 1. Does the transporter have an EPA I.D. number? | (✓) | () |
| 2. Is the transporter carrying hazardous waste? | (✓) | () |
| 3. Does the transporter have a manifest? | (✓) | () |
| 4. Does the manifest show the following information: | | |
| a. Name, address, I.D. of generator | (✓) | () |
| b. Name, address, I.D. of transporter | (✓) | () |
| c. Name, address, I.D. of designated facility | () | () |
| d. Name of alternative facility | () | (✓) |
| e. DOT waste description | (✓) | () |
| f. Quantity of waste-volume, weight, number of containers | (✓) | () |
| g. Signed certification statement | (✓) | () |
| 5. Does the manifest information confirm vehicle load? | (✓) | () |
| 6. Is the vehicle placarded for hazardous waste? | (✓) | () |

7. General comments:

QUANTA RESOURCES UNTIL APPROXIMATELY MIDDLE OF MAY
HAD BEEN USING THEIR EDGEWATER FACILITY VEHICLES TO TAKE WASTE OIL
FROM THE STORAGE FACILITY AT 37-80 REVIEW AVENUE. SINCE THAT
TIME, THEY HAVE USED A PRIVATE WASTE OIL HAULER TO HAUL WASTE OIL
FROM THEIR SITE TO QUANTA RESOURCES CORPORATION SITE AT EDGEWATER.
THE PRIVATE WASTE OIL HAULER USED IS
SFE WASTE OIL SERVICE INC., P.O. BOX 355, GREEN HOOK, N.Y.

Inspected by: Jerome J. RoidanDate: Jan 7 3 38 PM '82

N.Y. STATE DEPARTMENT OF ENVIRONMENTAL

Page 1 of 1

DIVISION OF SOLID WASTE MANAGEMENT

47-15-13(5/81)

PERMIT NO. LA-070 FOR HAULING WASTE OIL

RCRA TREATMENT, STORAGE AND DISPOSAL FACILITY INSPECTION FORM
FOR TSD FACILITIES ONLY

COMPANY NAME: QUANTA Resources Corporation EPA I.D. Number: NYT370010407

COMPANY ADDRESS: 37-80 Review Avenue

COMPANY CONTACT OR OFFICIAL:

MR. KENNETH MANSFIELD

TITLE: GENERAL PLANT MANAGER

OTHER ENVIRONMENTAL PERMITS HELD

BY FACILITY: ☒ NPDES ~~NO~~ Sewer Permit from N.Y. City

☒ AIR YES - NEW YORK CITY DEPARTMENT OF AIR RESOURCES

☒ OTHER FACILITY UNDER CONSENT ORDER WITH NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION - DIVISION OF SOLID WASTE MANAGEMENT

INSPECTOR'S NAME: Jerome J. Riordan DATE OF INSPECTION: WEDNESDAY, JULY 22, 1980

BRANCH/ORGANIZATION: NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION - DIVISION OF SOLID WASTE MANAGEMENT TIME OF DAY INSPECTION TOOK PLACE: MID-DAY

DEPARTMENT OF ENVIRONMENTAL CONSERVATION -
DIVISION OF SOLID WASTE MANAGEMENT

(1) Is there reason to believe that the facility has hazardous waste on site? Yes. LEAD (DO08) Present in WASTE OIL and Chromium (DO07) in samples taken for analysis and Cadmium (DO06)

a. If yes, what leads you to believe it is hazardous waste?
Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☒ The waste material is listed in the regulations as a (F004) ^(F005) NON HALOGENATED hazardous waste from a nonspecific source (\$261.31) SOLVENTS CAN BE PRESENT

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (\$261.32)

☒ The material or product is listed in the regulations as a discarded commercial chemical product (\$261.33)

☒ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☒ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain) ANALYSES OF WASTE DOES SHOW HAZARDOUS MATERIAL AS BEING PRESENT

YES NO DON'T KNOW

b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

☒ YES ☐ NO ☐ DON'T KNOW

Please explain: TANK # 31 CONTAINS PCB'S WHICH ARE PRESENT WITH OTHER CONTENTS IN TANK

c. Identify the hazardous wastes that are on-site, PCB'S, CHEMICALS, SOLVENTS and estimate approximate quantities of each. WASTE OIL, LUBRICANTS

VISUAL OBSERVATIONS

(5) SITE SECURITY (\$265.14)

- a. Is there a 24-hour surveillance system?
- b. Is there a suitable barrier which completely surrounds the active portion of the facility?
- c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility?

YES

NO

DON'T
KNOW

✓

✓

—

✓

—

24 Hour Per Day 7 Days/week

(6) Are there ignitable, reactive or incompatible wastes on site? (\$265.27)

- a. If "YES", what are the approximate quantities?

ABOUT 110,000 GALLONS WASTE OIL

- b. If "YES", have precautions been taken to prevent accidental ignition or reaction of ignitable or reactive waste?

BOILER WITH STEAM ON SITE AND STEAM QUENCHING SYSTEM CAN BE UTILIZED

- c. If "YES", explain

FOAM QUENCHING SYSTEM TO BE INSTALLED

- d. In your opinion, are proper precautions taken so that these wastes do not:

- generate extreme heat or pressure, fire or explosion, or violent reaction?
- produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?
- produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions?
- damage the structural integrity of the device or facility containing the waste?
- threaten human health or the environment?

✓

✓

✓

—

✓

—

—

—

—

—

—

—

—

✓

—

Please explain your answers, and comment if necessary.

- e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility?

BETTER Housekeeping

IF AREAS AROUND TANKS

REMOVE, CLEAN UP OIL SOAKED DEBRIS.

CLEAN, PAINT TANKS, REPAIR, CLEAN, PAINT STAIRWELLS.

- (7) Does the facility comply with preparedness and

- | | <u>YES</u> | <u>NO</u> | <u>DON'T KNOW</u> |
|---|------------|-----------|-------------------|
| - an internal communications or alarm system? | <u>✓</u> | <u>—</u> | <u>—</u> |
| - a telephone or other device to summon emergency assistance from local authorities? | <u>✓</u> | <u>—</u> | <u>—</u> |
| - portable fire equipment? <i>FIRE EXTINGUISHERS</i> | <u>✓</u> | <u>—</u> | <u>—</u> |
| - adequate aisle space? | <u>✓</u> | <u>—</u> | <u>—</u> |
| - in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. | <u>✓</u> | <u>—</u> | <u>—</u> |

Require ALL PROCEDURES To Cover Fire, Hospital, Upset Condition, AND SPILLS (WASTE OIL)

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain.

ALL OF ABOVE PROCEDURES — COMMUNICATIONS AND ALARM IF TANKS ARE FILLED TO CAPACITY, Telephone To OBTAIN HELP AND ASSISTANCE AND SUMMON EQUIPMENT

- * (8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed?

— ✓ —

If you have, please comment, as appropriate.

- (9) a. Is there any reason to believe that groundwater contamination already exists from this facility?
If "YES", explain.

Oil SOAKED AREA By RAILROAD Siding AS RESULT OF BROKEN

- Pipe*
b. Do you believe that operation of this facility may affect groundwater quality?

— ✓ —

- c. If "YES", explain.

RECORDS INSPECTION

- (10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)?

✓ — —

- a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received?

NOT FOR INDEPENDENT WASTE HAULERS WHO PICK UP WASTE OIL FROM GASOLINE STATIONS TO FACILITY SITE

- b. How many post-November 19 manifests does it

✓ — —

YES NO DON'T
KNOW

- the generator's name, mailing address, telephone number, and EPA identification number

✓ — —

- the name, and EPA identification number of each transporter

✓ — —

- the name, address and EPA identification number of the designated facility and an alternate facility, if any;

✓ — —

- a DOT description of the wastes *COMBUSTIBLE LIQUID NA 1270*

✓ — —

- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle

✓ — —

- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA.

✓ — —

d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain.

— ✓ —

(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (§265.13)

✓ — —

a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing?

(You may check more than one)
Waste characteristics vary *Waste Oils Vary As To Types Include Lubricating*
(WITHIN LIMITED PARAMETERS) Oils, CRANKCASE Oils,
All wastes are basically the same *TRANSMISSION Oils.*
Company treats all waste as hazardous
Don't Know

b. Does hazardous waste come to this facility from off-site sources?

✓ — —

c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest?

Waste Oil Material Tested For Bulk Sediment & Water, & For Flash & Fire As Required - Composite Samples Collected,

✓ — —

(12) INSPECTIONS (§265.15) *Combined For Chemical Analyses.*

a. Does the facility have a written inspection schedule? *Physical Daily Inspection Of Active Areas Of Tanks In Use*

— ✓ —

YE

NO

DON'T
KNOW

(13) PERSONNEL TRAINING (\$265.16)

a. Is there written documentation of the following:

- job title for each position at the facility related to hazardous waste management and the name of the employee filling each job? ☒ _____ _____
- type and amount of training to be given to personnel in jobs related to hazardous waste management? *ON THE JOB EXPERIENCE PERSONNEL* ☒ _____ _____
- actual training or experience received by personnel? *ON THE JOB EXPERIENCE* ☒ _____ _____

(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste?

(\$265.51)

a. Does the plan describe arrangements made with local authorities? ☒ _____ _____

b. Has the contingency plan been submitted to local authorities? ☒ _____ _____

How do you know? *SPCC PLAN FILED WITH APPLICATION WHEN SITE WAS USED AS TREATMENT FACILITY*

c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators? ☒ _____ _____

d. Does the plan have a list of what emergency equipment is available? ☒ _____ _____

e. Is there a provision for evacuating facility personnel? ☒ _____ _____

f. Was an Emergency Coordinator present or on call at the time of the inspection? _____ ☒ _____

(15) Does the owner/operator keep a written operating record with: (\$265.73)

- a description of wastes received with methods and dates of treatment, storage or disposal? ☒ _____ _____
- location and quantity of each waste? *RECORDS OF INCOMING & OUTGOING SHIPMENTS* ☒ _____ _____
- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility? *KNOW WHICH TANKS USE FOR WASTE OIL STORAGE* ☒ _____ _____
- detailed operating summary reports and description of all emergency incidents that required the implementa- *RECORDS OF WASTE OIL ANALYSES OF SAMPLES TAKEN FOR WASTE OIL* ☒ _____ _____

YESNODON'T
KNOW

- an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility?

— — —

- a description of the steps necessary to decontaminate facility equipment during closure?

— — —

- a schedule for final closure including the anticipated date when wastes will no longer be received and when final closure will be completed?

— — —

b. What is the anticipated date for final closure?

— — —

tc. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities?

— — —

d. Does the written post-closure plan include:

- a description of planned groundwater monitoring activities and their frequencies during post-closure?

— — —

- a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure?

— — —

- the name, address and phone number of a person or office to contact during post-closure?

— — —

*(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it?

— — — ✓

*(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144)

— — — ✓

*(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90)

— — —

Not Applicable

a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste management area?

— — —

b. Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient at the limit of the waste management area?

— — —

SITE-SPECIFIC

please circle all appropriate activities and answer questions on indicated pages for all activities circled. When you submit your report, include only those site-specific pages that you have used.

STORAGE

TREATMENT

DISPOSAL

Waste Pile p. 9

Tank p. 8

Landfill pp. 10-11

Surface Impoundment p. 8

Surface Impoundment pp. 8-9

Land Treatment
pp. 9, 10

Container p. 7

Incineration pp. 12-13

Surface Impound-
ment p. 8

Tank, above ground p. 8

Thermal Treatment pp. 12-13

Other _____

Tank, below ground p. 8

Land Treatment pp. 9-10

Other

Chemical, Physical p. 13
and Biological
Treatment (other than
in tanks, surface impound-
ment or land treatment
facilities)

YES NO KNOW

Other

CONTAINERS (\$265.170) Not Applicable

1. Are there any leaking containers?
It "YES", explain.

2. Are there any containers which appear in danger of leaking?
If "YES", explain.

100% 100% 100%

3. Do wastes appear compatible with container materials?

4. Are all containers closed except those in use?

5. Do containers appear to be opened, handled or stored in a manner which may rupture the containers or cause them to leak?

— — —

6. How often does the plant manager claim to inspect container storage areas?

7. Does it appear that incompatible wastes are being stored in close proximity to one another?

- | | <u>TANKS (\$265.190)</u> | <u>YES</u> | <u>NO</u> | <u>DON'T KNOW</u> |
|---|--------------------------|------------|-----------|-------------------|
| 1. Are there any leaking tanks? <i>SEVERAL UNUSED</i> If "YES", explain. <i>RUSTED TANKS & CORRODED CONDITION - NOT IN USE</i> | | <u>✓</u> | <u>—</u> | <u>—</u> |
| 2. Are there any tanks which appear in danger of leaking. If "YES", explain. <i>SEVERAL TANKS IN RUSTED AND CORRODED CONDITION - NOT IN USE</i> | | <u>✓</u> | <u>—</u> | <u>—</u> |
| 3. Are wastes or treatment reagents being placed in tanks which could cause them to rupture, leak, corrode or otherwise fail? If "YES", explain. | | <u>—</u> | <u>✓</u> | <u>—</u> |
| 4. Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure? | | <u>✓</u> | <u>—</u> | <u>—</u> |
| 5. Where hazardous waste is continuously fed into a tank, is the tank equipped with a means to stop this inflow? <i>PUMPS USED, VALVES TO STOP INFLOW, HIGH LEVEL TANK ALARM SYSTEM</i> | | <u>✓</u> | <u>—</u> | <u>—</u> |
| 6. Does it appear that incompatible wastes are being stored in close proximity to one another, or in the same tank? If "YES", explain. <i>FACILITY TAKES IN WASTE OIL, LUBRICATING OIL, AND OIL-SLUDGE TRANSMISSION OIL, CRANKCASE OIL, etc TO BE STORED TEMPORARILY</i> | | <u>—</u> | <u>✓</u> | <u>—</u> |
| 7. How often does the plant manager claim to inspect container storage areas? <i>ROUTINE DAILY INSPECTION</i> | | <u>—</u> | <u>—</u> | <u>—</u> |
| 8. Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction? <i>COVERED</i> If "YES", explain. <i>TANKS USED TO STORE WASTE OIL</i> | | <u>✓</u> | <u>—</u> | <u>—</u> |
| 9. What is the approximate number and size of tanks containing hazardous wastes? <i>CURRENTLY USING ONLY FIVE (5) TANKS FOR STORAGE OF WASTE OILS</i> | | <u>—</u> | <u>—</u> | <u>—</u> |

SURFACE IMPOUNDMENTS (\$265.220)

NOT APPLICABLE

1. Is there at least 2 feet of freeboard in the impoundment? — — —
2. Do all earthen dikes have a protective cover to preserve their structural integrity?
If "YES", specify type of covering. — — —

YESNODON'T
KNOW

4. Are ignitable or reactive wastes being placed in surface impoundments without being treated to remove these characteristics?
If "YES", explain.

— — —

5. Are there any leaks, failures or is there any deterioration in the impoundments?
If "YES", explain.

— — —

6. Give the approximate size of surface impoundments (gallons or cubic feet).

WASTE PILES (\$265.250)

Not Applicable

1. Is the waste pile protected from wind erosion?

— — —

a. Does it appear to need such protection?

— — —

b. Explain what type of protection exists.

2. Does it appear that incompatible wastes are being stored in the same waste pile?
If "YES", explain.

— — —

3. Is leachate run-off from a pile a hazardous waste?
If "YES", explain this determination and answer (a) and (b) below.

— — —

a. Is the pile placed on an impermeable base that is compatible with the waste?

— — —

b. Is the pile protected from precipitation and run-on?

— — —

4. In your judgment, are ignitable or reactive wastes managed in such a way that they are protected from any material or conditions which may cause them to ignite?
Please explain or indicate if no such wastes are present.

— — —

Are they placed on an existing pile so that they no longer meet the definition of ignitable or reactive waste?
Please explain.

— — —

Not Applicable

YES

NO

DON'T
KNOW

- *2. Is run-on diverted away from the active portions of the land treatment facility?
- *3. Is run-off collected?
4. Are food chain crops being grown on the facility property?
- a. If "YES", can the facility operator document that arsenic, lead and mercury:
- will not be transferred to the crop or ingested by food chain animals or
 - will not occur in greater concentrations in the crops grown on the land treatment facility than in the same crops grown on untreated soils.
- b. Has notification of the growing of the food chain crops been made to the Regional Administrator?
5. Is there a written and implemented plan for unsaturated zone monitoring?
6. Are there records of the application dates, application rates, quantities and location of each hazardous waste placed in the facility?
7. Do the closure and post-closure plans address:
- a. control of migration of hazardous wastes into the groundwater?
 - b. control of run-off, release of airborne particulate contaminants?
 - c. compliance with requirements for the growth of food-chain crops (if they are present)?
8. Is ignitable or reactive waste immediately incorporated into the soil so the resulting waste no longer meets that definition?
If "YES", explain.
9. Are incompatible wastes placed in the same land treatment area?
If "YES", explain.
10. What is the area of the land receiving hazardous waste treatment?

N. Applicable

YES

NO

DON'T
KNOW

3. Is waste which is subject to wind dispersal controlled?
Explain.

4. Does the owner/operator maintain a map with:

- the exact location and dimensions of each cell.

- the contents of each cell and approximate location of each hazardous waste type

5. Do the closure and post-closure plans address:

- control of pollutant migration via ground water?

- control of surface water infiltration?

- prevention of erosion?

6. Is ignitable or reactive waste treated before being placed in the landfill?
Explain how you know.

7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell?
If "NO", explain.

8. Are bulk or non-containerized wastes containing free liquids placed in the landfill?
If "YES",

a. Does the landfill have a liner which is chemically and physically resistant to the added liquid?

b. Is the waste treated and stabilized so that free liquids are no longer present?

9. Are containers holding liquid waste or waste containing free liquids placed in the landfill?

10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills?

If so, are they crushed flat, shredded or similarly reduced in volume before they

INCINERATORS AND THERMAL TREATMENT
(§§265.340 and 265.379)

Not Applicable

YES

NO

DON'T
KNOW

1. What type of incinerator or thermal treatment is at the site (e.g. waterwall incinerator, boiler, fluidized bed, etc.)?

2. Was hazardous waste being incinerated or thermally treated during your inspection?
If "YES", answer all following questions.
If "NO", answer only questions 3 and 7.

3. Has waste analysis been performed (and written records kept) to include:

- heating value of the waste

- halogen content

- sulfur content

- concentration of lead

- concentration of mercury

NOTE: Waste analysis need not be performed on each waste load if if there are documented data available to show waste characteristics that do not vary. If there are such documented data available, check here .

4. Does it appear that the owner/operator brings his thermal treatment process to steady state (normal) conditions of operation before introducing hazardous wastes?

5. Did it appear during your inspection that there was adequate monitoring and inspection by owner/operator every 15 minutes during hazardous waste incineration for:

- waste feed

- auxiliary fuel feed

- air flow

- incinerator temperature

- waste feed

- scrubber pH

- relevant level

- a. If "YES", what is being burned?
(only burning or detonation
of explosives is permitted)
- b. If open burning or detonation of explosives is taking
place, approximately what is the distance from the open
burning or detonation to the property of others?

DON'T
YES NO KNOW

6. Does the incinerator appear to be operating
properly? (Do emergency shutdown controls
and system alarms seem to be in good working
order?) Please explain.

- a. Is there any evidence of fugitive emissions?

7. Is the residue from the incinerator treated
by the owner as a hazardous waste?
Please explain.

8. What types of air pollution control devices (if any)
are installed on the incinerator?

CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (\$265.400)

Not Applicable

1. Does the treatment process system show any
signs of ruptures, leaks, or corrosion?
Please explain.

2. Is there a means to stop the inflow of
continuously-fed hazardous wastes?

3. Is there ignitable or reactive waste fed
into the treatment system?

If "YES", has it been treated or protected
from any material or conditions which may
cause it to ignite or react? If so,
explain how.

Are the incompatible wastes placed in
the same treatment process?
If "YES", explain.

5. Describe the treatment system at this facility.